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FOR SIXTEEN YEARS, THE LESBIAN AND GAY WEEKLY

DC activists boo Bush

"1989 will suck, but so will we"

By John Zeh

WASHINGTON — Hundreds of activists from 80 diverse groups committed to a broad range of peace, social justice, and environmental concerns countered the inauguration of President George Bush here Jan. 20 with "1000 Sparks of Dissent" ignited in a four-day "people's" extravaganza.

Included in the Counter-Inaugural Coalition's "People's Agenda" was the assertion that "people of color, women, lesbians and gays, differently-abled, people with AIDS, and people of all faiths have the right to be free of hate-violence and discrimination."

As the new president claimed "a new breeze is blowing," lesbian activist Sue Hyde analyzed the Reagan era and offered a gay and lesbian agenda for the Bush presidency, commenting, "1989 will suck, but so will we!"

Hyde, a member of the direct action group Oppression Under Target (OUT!) and the staff of the National Gay and Lesbian Task Force (NGLTF), headed up a small but vocal contingent of gay men and lesbians waiting in front of the J. Edgar Hoover FBI Building on Pennsylvania Avenue for the Inaugural parade to protest what she called the Republicans'



Counter-Inaugural Jan. 20

"disgusting, sickening and outrageous opulence."

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Coroner says Beam died of AIDS

Black gay literary figure was dead for a week before his body was discovered

By Chris Bull

PHILADELPHIA — The Medical Examiner's office announced on Jan. 22 that Joseph Beam, a prominent Black gay literary figure, died from heart failure brought on by AIDS. No official cause of death had been previously reported for Beam, who was found dead in his apartment here on Dec. 27 at the age of 33.

The medical examiner handling the case, who wished to remain anonymous, told *GCN* that Beam had been dead for at least one week before his body was discovered by the manager of his apartment building. The examiner said that because the body had begun to decompose, he could not determine what precisely caused Beam to suffer a heart attack. He said he found no evidence of any AIDS-related conditions many people with AIDS (PWAs) experience.

He said toxicology reports show Beam was HIV antibody-positive and had abnormally low T-cell counts. "His body and organs were badly decomposed, so it is hard to tell exactly what was going on. But based on what we do know, we have listed the cause of death as AIDS."

Toxicology reports showed no evidence of drugs in Beam's system. Small traces of alcohol were found, however. The examiner said he could not "rule out" drug use playing a role in Beam's death because toxicology reports are difficult to conduct on decomposed bodies, but said he believed it was "highly unlikely." He also said suicide as a cause of death was unlikely because no drugs were found in Beam's blood and no other signs of suicide were apparent.

According to many of his friends, Beam had been severely depressed for several months before his death and had stopped communicating with family and friends.

Janis Kelly, a medical researcher and AIDS educator, told *GCN* that it is not uncommon for people with AIDS (PWAs) to die from heart failure. "Recent reports indicate that a good number of PWAs experience heart damage," said Kelly.

See next week's centerspread in *GCN* for tributes to the life and work of Joseph Beam.

□ filed from Boston



Dorothy Hoogterp on Old Lesbians and Health



Plans for national dyke gathering underway

Northeastern regional meeting dominated by 'process'

By Rachel Lurie

NEW YORK—When you think of lesbians, you can think of women loving women, the struggle in our daily lives for coming out and being out, the range of our politics and non-politics, where we live, work, play, love. But also when you think of lesbians, it's hard to miss our obsession with *process*—plotting strategies, voicing opinions, and of course, setting agendas. Planning is underway for the first-ever National Lesbian Conference to be held this coming fall, and in a full-scale effort to address the concerns, needs and values of *all* lesbians in this country, *process* has reigned supreme.

For the 200 lesbians who attended the Northeast region planning session earlier this month at Hunter College in New York City, the open-endedness of the planning process at this stage was inviting, but also a bit aggravating.

"We need to give ourselves the space to see who we are," explained Michelle Crone, who helped organize the meeting and works out of the national conference office in Albany. "We purposely left the weekend agenda open to be as inclusive as possible. Of course, this non-structure can be a little frustrating."

Lesbians came to New York from many outlying states, including Pennsylvania, Maryland, Massachusetts, Vermont, New Jersey and the District of Columbia. An impressive showing came from upstate New York. Women came individually and as representatives of organizations. One group, Rochester's Lesbian Resource Center, brought a contingent of 18 women who stood out in their color-coordinated name tags.

"We focused on bringing in 'novices'—lesbians who have not been traditionally political," said Rochester organizer and writer Shelly Rafferty. She explained that the Lesbian Resource Center had done a lot of pre-organizing with its members, encouraging them to be assertive

about their ideas once they sat down at meeting tables with the self-described political sophisticates of New York City.

Early on Jan. 7—the main meeting day of the gathering—participants agreed to push back the scheduled issue-oriented small group meetings and break up instead for broader small group work sessions which would explore an overall political vision and mission for the conference. A proposal that the large plenary break down according to astrological signs was defeated as participants only half-jokingly voiced their fears of what would emerge from a room full of Virgos or Tauruses.

The small groups overwhelmingly acknowledged that lesbian visibility—creating safety around coming out and being out—are crucial for all lesbians. Lesbian musician Alix Dobkin, speaking for her small group, announced that they had reached a consensus that they were all "bored with the issues." The time has come, she said, for something more exciting—a celebratory gathering honoring our diversity as lesbians. "We propose calling it the National Dyke Magic Show and Convention," she said, adding that the theme could be simply, "Experience the magic!"

Some parts of the planning meeting, however, were far from magical. The perennial issue of the lack of presence and input from women of color in many lesbian events was highlighted by the whiteness of the gathering. Some women proposed a mandatory ratio of 33 percent women of color for all meetings and events connected to the conference, much like the requirement made by the 1987 March on Washington Committee for all meetings requesting Committee funds.

The idea for the Lesbian National Conference grew out of the March on Washington, and the planners of the gathering-

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Quote of the week

"Sexual activity is present in all prisons. We can pretend it does not exist, but we will only be deceiving ourselves. In the era of AIDS, it is incumbent upon responsible correctional policymakers to grapple with difficult issues and not run from them."

Philadelphia prison superintendent Edmund Lyons, commenting in The Progressive on the city's condom distribution policy. Philadelphia prisons have distributed free condoms to prisoners since February of 1988, after Mayor Wilson Goode declared a health emergency and ordered condom distribution as part of a comprehensive AIDS education program.

Saudis oust prostitutes

JEDDAH, Saudi Arabia — Three Somali women residents who worked as prostitutes here are being deported after being tested for HIV antibodies in September. According to a confidential source in the country, the women were tracked down by Saudi authorities after a Saudi man who claimed to have had sex with at least one of them tested positive for HIV antibodies. According to the source, the man's antibody status was revealed when he routinely donated blood as part of applying for a driver's license.

It is common for police to tell people applying for driver's licenses that they must donate blood to local hospitals before they receive their licenses — although there is no law to this effect. In addition, the name of the driver's license applicant is tagged to the donated blood, eliminating confidentiality.

The man will be kept in isolation, and the women will be deported as soon as possible, according to the source.

Saudi Arabia has made HIV antibody testing mandatory for all foreigners working in the country. The government has warned that any foreigner found to be HIV antibody positive will be subject to deportation.

Kuwait last September reportedly deported 20 foreigners who had tested HIV antibody positive.

□ Muhammad Jamil

Europeans push for uniform les/gay laws

BARCELONA, Spain — Thirty gay organizations from different European countries have proposed that the European Community (EC) standardize civil rights protections for lesbians and gay men. The organizations have petitioned the new president of the Council of Ministers of the EC, Spanish Prime Minister Felipe Gonzalez, to address the current disparities in gay rights protections among different European countries and standardize them according to the most progressive laws.

"We have petitioned President Gonzalez in an attempt to ensure standardization according to the laws of countries like Holland or Denmark, because other Presidents might attempt to establish a restrictive standardization," stated Jordi Petit, spokesperson for the gay groups.

In some countries gay couples have the same rights as heterosexual couples, according to *El Pais*. In Holland, for example, a foreign partner of a Dutch gay man or lesbian can become a Dutch citizen after two years of living together in that country.

□ John Kyper

Fla anti-cruising law dumped

ORLANDO, Fla. — A law designed to prevent gay public sex was struck down Jan. 8. The ordinance, which banned walking or sleeping in bushes in Orlando parks, was ruled unconstitutional because it was too vague an attempt to govern activity that is not a threat to public safety, according to the *New York Times*.

"Ordinary innocent conduct is made criminal, and the police are provided unfettered discretion to arrest law-abiding citizens who may stray into bushes or foliage at a city park," said judge Walter Komanski

in his ruling.

The decision overturned the conviction of a retired Air Force colonel who was arrested even though he said he was only in the park waiting for his wife.

John Ross, legal adviser to Orlando police, said he would advise the department to continue enforcing the law because Komanski's ruling is not binding on other judges, according to the *Times*.

□ Jennie McKnight

Party for Nkoli raided

JOHANNESBURG, South Africa — Police raided the home of a woman who gave a private party in honor of Black gay anti-apartheid activist Simon Nkoli, according to *The News*, a Los Angeles gay paper. According to the report, the unidentified woman was interrogated and accused of using her home for political meetings which are now banned under South Africa's emergency regulations. The report said the raid was part of the Botha government's intensified crackdown on political opposition.

Nkoli, a long-time gay and anti-apartheid activist, was acquitted Nov. 18, 1988 in the Vaal 22 treason trial. Ten of Nkoli's co-defendants were also acquitted, but four were convicted of treason and seven of terrorism. Those convicted all are subject to the death penalty.

□ Jennie McKnight

Cambridge AIDS offers new program

CAMBRIDGE, Mass. — Cambridge residents facing life-threatening illness are invited to participate in "Finding the Balance," a weekly meeting sponsored by the Cambridge AIDS Task Force. The meetings, which begin Feb. 1, will help participants examine "the balance necessary for leading a full and healthy life."

"This group is for anyone and everyone, whether you, or a family member or loved one, is questioning the realities of a full and healthy life," said program developer Michael Razzino. He added that the sessions will be "self-directed, in that the participants shall determine the future content of the program."

Ann Webster, Director of the Mind/Body Program for People with AIDS/ARC/HIV at the New England Deaconess Hospital, will be the featured speaker at the first meeting, and will discuss the benefits of mind/body approaches to wellness.

"Empowering oneself, whether infected with HIV or focusing on maintaining optimal health, is so important to all of us. The fact that these sessions will be directed by the participants and are free of charge is an integral component of the concept of "Finding the Balance," said Cathy Hoffman, chair of the AIDS Task Force Education Committee.

"Finding the Balance" will meet every Wednesday from 7:00-8:30 p.m. at the Christ Church Chapel, O Garden St., Harvard Square. For more information, call Michael Razzino at (617) 868-0804 or Jennifer Burgess Wolfrum at (617) 498-1663.

□ Jennie McKnight

Boston players needed

BOSTON — Unity House Project, a Boston area organization that raises funds primarily for people with AIDS, seeks volunteer musicians for an upcoming benefit concert in March featuring the music of Beethoven.

Jack Thrapp, the conductor for the event, said, "We need everything except trombones, tuba and harp." Players interested in playing for the concert should contact Thrapp at (617) 437-7849.

□ Jennie McKnight

Study alleges woman-to-man transmission

BOSTON — A New England man with

AIDS apparently contracted HIV from a prostitute's vaginal secretions, according to two Lahey Clinic Medical Center physicians. In a Boston Globe report, the researchers claim this case reportedly confirms that HIV, a virus thought by many to be the cause of AIDS, can be transmitted in genital-oral contact from women to men. In most cases where AIDS researchers have believed transmission might have been caused by oral sex, it has been more difficult to rule out transmission by other sexual activities, according to the Boston Globe.

The researchers say the 60-year-old told them that his only sexual contact in recent years was fellatio and cunnilingus with a prostitute. They also reported that the man, who is "impotent" due to nerve damage caused by diabetes, said he had not been having sex with his wife of 30 years. The man also told doctors that the prostitute was an IV drug user during the two years he visited her, leading them to speculate that she may have contracted the virus by sharing contaminated hypodermic needles.

Studies have shown that HIV is present in vaginal secretions and also in small amounts in saliva. Lahey Clinic doctors say they believe the most likely route of transmission in this case was through the woman's vaginal secretions.

In a letter to the *New England Journal of Medicine*, which will release the new case report sometime in January, the doctors stated that, "public health education about safer sexual practices must not only advocate the use of barrier contraceptives such as condoms during vaginal and rectal intercourse, but also caution against the exchange of bodily fluids during other sexual practices, such as oral sex."

□ Judy Harris

NCBLG calls for day of mourning

DETROIT, Mich. — The death of writer, activist and NCBLG board member Joseph Beam during the holiday season of 1988 prompted the board of the National Coalition for Black Lesbians and Gays (NCBLG) and executive director Renee McCoy to declare this a fitting time — Black History Month — to pause and honor our dead in whatever way each of us deems fitting. The death toll over the past few years has escalated, causing a cumulative grief effect that calls for a collective cleansing. Joe himself conducted an interview with Black gay activist Bayard Rustin which is included in Beam's anthology *In The Life*. Rustin, who lived into his 70's, died soon after that interview. Joe then wrote about James Baldwin's influence on him when Baldwin died in 1987. And one year later, Joe Beam himself is dead.

All chapters and affiliates of NCBLG will participate in the day, Feb. 26, and invite other sympathetic groups, gay and lesbian or other-identified, to join in creating a space and time to do so in their own way. Spiritual, cultural, educative or other ways of using the time would be appropriate. The Boston chapter (BCBLG) will use the afternoon to celebrate the courageous lives of Black gay men and lesbians by holding a spiritual commemoration, doing readings, singing songs and holding small-group discussions at a site to be announced.

□ Angela Bowen

Ben-Shalom wins court battle

WISCONSIN — A federal court judge Jan. 10 ruled that Army regulations banning lesbians and gay men from enlisting is unconstitutional. The case was brought to the court by Army Sgt. Miriam Ben-Shalom, who was denied re-enlistment after she admitted she is a lesbian.

"I now have a permanent restraining order prohibiting the Army from ever denying me my sexual orientation, and indeed I can say I am a lesbian if I want, so you know what, I'm a lesbian," Ben-Shalom told *Philadelphia Gay News*. In a strongly worded verdict, the court ruled the Army violated Shalom's right to free speech as well as her Fifth Amendment right to equal protection under the law.

Ben-Shalom was originally discharged in 1976 for her sexual preference. In 1980,



Miriam Ben-Shalom

federal court judge Terence Evans ordered the Army to reinstate her. But the Army at that time refused to either comply with the ruling or to appeal it. Ben-Shalom went back to court in 1983, suing the Army for contempt. She won this case as well when Evans gave the Army until March 1, 1986 to reinstate her.

Since then, the Army has made a series of unsuccessful appeals culminating in the Jan. 10 decision. Ben-Shalom was officially reinstated Sept. 12, 1987. The military plans to appeal the case to the Supreme Court.

Judge Myron Gordon affirmed a recent California 9th Circuit court decision granting lesbians and gay men "suspect class" status which allows the court to "scrutinize" the Army's reason for discrimination. His decision was hailed as a precedent setting case which will help lesbians and gay men in a number of military cases currently before the courts.

□ Chris Bull

Dallas judge under investigation

DALLAS — The Texas Commission on Judicial Conduct Jan. 10 launched an official investigation of District Court Judge Jack Hampton, who gave the killer of two gay men a lenient sentence because the men were "queers cruising the street looking for trouble." (See *GCN*, Jan. 7, 1989) The Commission meets again Feb. 10 to respond to complaints filed by the Texas Human Rights Foundation (THRF) and by the Dallas Gay Alliance calling for Hampton's removal from office.

On Dec. 16, Hampton admitted in an interview with the *Dallas Times Herald* he gave the 18-year-old Richard Bednarski a lenient 30-year sentence because the gay men Bednarski murdered were less worthy of protection than "normal people." Hampton's remarks prompted several demonstrations at his office and calls for his removal.

Hampton apologized for his remarks, saying: "I did not mean to condemn the homosexual community generally. And I used a poor choice of words, and I'm sorry for that." He has refused to step down.

The Commission has received several hundred letters calling for the removal of Hampton. The Commission, which can ask a seven-judge panel to consider the judge's removal from office, has not indicated when it will decide the case. In 1987, it reviewed 515 cases and recommended the removal of only one judge. "The Commission has a long history of doing nothing. It's role is not one of removing judges. It simply acts as a way of allowing fervor over a decision to die down," said William Waybourne, director of the Dallas Gay Alliance.

Margaret Tucker, legal assistant for THRF, told *GCN* the Commission has "given no indication as to how it will act." Meanwhile, said Tucker, THRF is filing a petition with the Texas Supreme Court, which also has the power to remove a judge from office.

The Dallas Gay Alliance urges letters of protest be sent to Robert Flowers, State Commission on Judicial Conduct, P.O. Box 12265, Capitol Station, Austin, TX 78711.

□ Chris Bull

Boston jail death ruling

By Judy Harris

BOSTON — The North Suffolk County Medical Examiner issued a report Jan. 24 saying the gay man whose body was found in an Area D station jail cell Dec. 15 died "by hanging." The man, Harold "Jason" Christensen is the third person in 10 years to die by hanging in an Area D jail cell.

A spokesperson for the Medical Examiner's office would not comment on the reasons for the lengthy investigation to determine the cause of Christensen's death. She did say, however, that the release of the determination of the cause of death had been delayed because the office had difficulty reaching Christensen's mother.

Earlier in January, Christensen's lover, Dana Hawkes was not allowed access to information about the autopsy. A spokesper-

son from the Medical Examiner's office told *GCN*, however, that Christensen's body will be released to Hawkes now that Christensen's mother has said she will not be making funeral arrangements. Hawkes told *GCN* that memorial services will be held sometime in January.

The circumstances surrounding Christensen's death are still unclear. Deborah Prothow-Stith, Commissioner of the Department Of Public Health (DPH), publicly called for an investigation last December into Area D's treatment of people jailed there. However, Ruth Taylor, a spokesperson for DPH, confirmed that the department has not yet issued a formal request for information regarding the deaths in Area D.

Boston City Councillor David Scondras' aide, Gary Dotterman, told *GCN* that Scondras has requested a thorough investigation of Area D. According to Dotterman, no information will be available until Scondras' regularly scheduled monthly appointment with Police Commissioner Mickey Roache Feb. 9. □

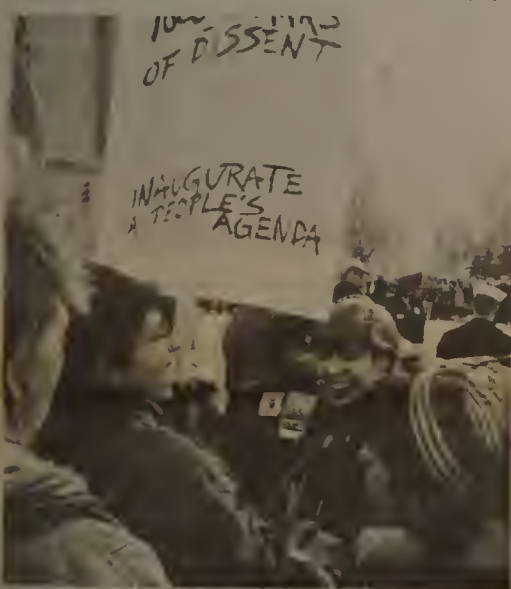
Boo

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"Tell it like it is," one demonstrator cheered Hyde, breaking in to the chant, "32 million bucks! Bush's AIDS policy sucks."

People countered the chill on the sunny but blustery afternoon by shouting "Bush, Quayle, KKK, racist, sexist, anti-gay," "50,000 dead from AIDS — Where was George?," "ACT UP! Fight back. ACT UP! Fight AIDS."

And they sang strains of "When the Queers Go Marchin' In" and "If you're gay



Lesbians boo Bush

and you're proud, stamp your feet..." Other activists spread out all along the 1.6 mile parade route to shout "Shame" at Bush and Vice President Dan Quayle.

Barrett L. Brick of OUT! and director of the World Congress of Gay and Lesbian Jewish Organizations, liked the coalition's play on the President's term "thousand points of light." "Part of the tradition is that America was founded on a thousand sparks of dissent," he said.

Oberlin (Ohio) College ACT UP! member Fawn Houck said she came to D.C. "to make our voices heard. It's important that we not let people forget that these issues exist." She called for Bush to reverse federal AIDS policies that have been "racist, sexist, homophobic, and oppressive against the poor."

The counter-Inaugural Coalition for a "people's agenda" was formed only three weeks before the Bicentennial installation of America's heads of state. The group came together to be "a visible reminder of the urgency of not just a kinder, gentler nation, but a kinder, gentler, and less insulated government," said Lisa Fithian of the Washington Peace Center, a 25-year-old multi-issue operation committed to non-violent social change and the effort's mainspring.

"We came together to express our outrage at the promise of another four years of a government that has failed to meet the needs of all of its people and has shown contempt and disrespect toward the people of the world and the planet itself," Fithian added. "We demand more constructive national priorities based on social, not military, spending and an end to a government of the privileged, by ... and for the privileged."

The Counter-Inaugural gala opened Jan. 18 with a soup kitchen "banquet" and concert outside an "official" \$1500-a-plate affair in the newly-refurbished Union Station.

Only about 30 OUT! members made it

through a traffic jam the next evening to picket for two hours as 12,000 celebrants arrived for a show at Washington's Convention Center. "It was fur-coat gridlock at the door," Hyde told *GCN*. Trying to penetrate the consciousness of the Republican ruling class felt like "Mission Impossible," but I'm glad we were there. They shouldn't be allowed to have their party without some kind of oppositional voice," she added.

A singer crooned "It's A Bourgeois Town" at a lively Counter-Inaugural ball attended by young and old Friday night.

Hyde and others spoke Saturday at a three-hour forum on implementing the coalition's agenda. On Sunday, an "inter-faith circle" was held outside the "official" worship service at the National Cathedral.

The events were organized by one of the broadest coalitions ever to come together here, according to Fithian. Joining were groups such as the D.C. Student Coalition Against Apartheid and Racism, the Human Rights Campaign Fund, NGLTF, Men Against Rape, OUT!, the National Organization for Women, the Gray Panthers, the National Organization for Changing Men, School Without Walls High School, Pledge of Resistance, and the Union of the Homeless.

"Our diversity is a reflection of the depth of our support and the urgency of our task," said Fithian. "As a nation, we can no longer afford a government run by and for the privileged. As a planet, we can no longer risk a government that lies and destroys for power and money. As individuals, we can no longer wait for someone else to take action. The priorities of this country must be changed if we are to survive."

Hyde, who heads NGLTF's Sodomy Law Repeal Organizing Project here, charged that "the republican leadership has abdicated" its responsibility to fight AIDS. "Even minimal prevention and educational proposals by Surgeon General Everett Koop were met with presidential resistance, recalcitrance, and procrastination."

"Reagan and his henchmen," she added, "vigorously attacked other substantive aspects of our gay and lesbian agenda: the Department of Justice gagged a report that recognized lesbians and gay men as the most frequent victims of hate violence; a Presidential task force stated pointedly that adoption by lesbians and gay men was not recommended; right-wing ideologues were given free reign to bash us at every opportunity and they did."

"Yes, we have had very little to celebrate as the tool of domination passes from Reagan to Bush," Hyde told the forum before articulating her lesbian and gay agenda for Bush's four years. She demanded:

- * funding for AIDS research, education, and health care;
- * an end to violent crimes against lesbians and gay men;
- * immediate repeal of all sodomy laws;
- * an end to "arbitrary discrimination in every aspect of our lives."

The counter-inaugural celebration was not without humor. The "Oh-So-Politically-Correct Players" were a big hit at a dance sponsored by NGLTF at the Dakota club in Adams-Morgan. A French restaurant nearby served "Quail-in-Bush," and jokes such as "Quail Bonds with no interest and not expected to mature" abounded. □

Gay man bashed in Boston's Fens dies

Details sketchy in apparent murder

By Jennie McKnight

BOSTON — A gay Guatemalan man who was found beaten in the Fens — a gay cruising area — in the early morning hours of Jan. 21 died sometime after he was taken to the hospital. As *GCN* goes to press, the details of the death of Luis Velasquez remain difficult to verify.

According to Velasquez' roommate and employers, the police investigating the case are pursuing the theory that Velasquez was killed during or after he was robbed in the Fens. But investigators contacted by *GCN* would not confirm that the case is being handled as a homicide. A spokesperson for the Suffolk County medical examiner, Sheila Spotswood, said a determination about whether Velasquez was murdered will be made "within a few days."

Verny Samayoa, Velasquez' roommate, told *GCN* he last saw Velasquez on Friday evening, Jan. 20. He said he began to worry when Velasquez had not returned home Saturday night. On Sunday Samayoa contacted the missing persons division of the Boston Police Department, but he did not learn of his roommate's whereabouts until Tuesday night, Jan. 24, when he was called by public health officials at Boston City Hospital to identify Velasquez' body.

The Medical Examiner's office confirmed that Velasquez' body was transported from Beth Israel Hospital Jan. 24, but sources there were unable to confirm any other information. Beth Israel officials would not comment on whether Velasquez was admitted there Saturday night or whether he died there.

Velasquez' employer, David Joseph, said police investigating the case told him Velasquez had been hit in the head. Samayoa also said he was under the impression Velasquez had been bashed. "The police did not say they thought the assault was racially or anti-gay motivated," said Samayoa, who added that he thought Velasquez had "some money on him when he left the house [Friday night] because he had just received his salary that day."

Since the death has not officially been ruled a homicide, investigators would not comment on whether Velasquez' death resulted from anti-gay or racist violence.

Samayoa said one reason it might have taken so long to identify Velasquez, who had lived in Boston since November of 1987, is that he did not carry identification. "His passport was too big to carry around," said Samayoa, who added that Velasquez had lived in the U.S. since November of 1986. According to Samayoa, while Velasquez' application for political asylum was pending, he had been granted a work permit and special residency status.

Samayoa said Velasquez' mother and sister, who live in Guatemala, have been informed of his death, and were attempting to have his body transported there for burial. A fund has been taken up by the Guatemalan community in Boston to fly Velasquez' remains home and cover the costs of his funeral.

Contributions can be sent care of Dias, 28 Linden St., Allston, MA 02134, or call (617) 789-4759. □

Hancock comes around

Insurer finally agrees to expand coverage of AIDS treatment for pneumocystis pneumonia

By Judy Harris

BOSTON — After several months of public scrutiny, government pressure, and activists' attacks for its refusal to cover aerosolized pentamidine (AP), John Hancock Mutual Life Insurance Company decided, Jan. 20, to change its policy. Hancock will now pay for AP as a primary prophylaxis for pneumocystis carinii pneumonia (PCP) — the leading cause of death among people with AIDS (PWAs).

This change in policy means that Hancock policyholders who are HIV antibody-positive will be reimbursed for AP treatments to prevent their first bout of PCP. AP, which is often administered bi-weekly, costs \$160 per treatment. Up until this point, Hancock only reimbursed for AP when prescribed as a treatment for PCP or to prevent a recurrence after the first bout.

Crediting Gov. Michael Dukakis' office for its efforts to persuade Hancock to provide more full coverage of AP, one AIDS activist said, "Had it not been for [the governor's AIDS policy director] John Dixon, this probably wouldn't have happened. John Dixon pushed this and pushed this and pushed this."

Dixon told *GCN* he had frequent communication with Hancock but that he felt the company reached a decision on its own. Dixon, who worked with the Governor's Task Force on AIDS on an official statement about AP issued only days before Hancock's policy reversal, said that Hancock actually changed its policy prior to receiving the Task Force's statement.

The statement "urges all other third-party payors in the Commonwealth to follow the Medicaid example and reimburse the costs for the prophylactic administration of aerosolized pentamidine to prevent pneumocystis carinii pneumonia."

ACT UP/Boston members, who have worked with the governor's office and focused their public activism on AP issues for several months, expressed a sense of both accomplishment and relief at Hancock's policy reversal. ACT UP member Noel Brooks said, "I think it's one of the most exciting things in a long time in the AIDS field. The whole decision is really of national importance ... because when activist groups in other states and other cities become aware that companies like John

Hancock and Blue Cross/Blue Shield are now going to cover aerosolized pentamidine prior to the first bout [of PCP], this will hopefully open the doors to get them to pressure insurance companies in their states."

In October, 1988, Blue Cross/Blue Shield in Boston changed its policy to include coverage of AP as a primary prophylaxis — meaning before the first bout of PCP — only days before ACT UP/Boston's scheduled demonstration. Afterward, Blue Cross/Blue Shield representatives denied any connection between the teamed persuasive efforts by ACT UP and state officials and the company's ultimate decision to provide AP coverage.

Raymond Schmidt of ACT UP told *GCN*, "Lately I've seen people reporting that Blue Cross/Blue Shield changed its policy on its own initiative, and that's absolutely false. We raised the issue of primary AP prophylaxis coverage with Blue Cross/Blue Shield and then with John Hancock. Insurance companies very rarely do these things on their own initiative."

Hancock, however, insists that pressure from state officials and activists did not play a role in its decision-making. From October through December of 1988 Hancock maintained that it would change its policy only if presented with "new medical evidence that AP might be safe and effective for prophylactic use." Mary Gallagher, a Hancock spokesperson refused to comment on the "new medical evidence" that presumably swayed the decision.

Commented Schmidt, "I think they couldn't afford continued public demonstrations.... They thought that they could shut up all this business about aerosolized pentamidine by presenting this film." (Hancock recently sponsored a 30-minute film, *Mother, Mother*, about a person with AIDS. ACT UP demonstrated at the film's opening night earlier in January, calling it a public relations ploy to divert attention from the company's refusal to cover AIDS drugs.)

Schmidt, one of eight ACT UP members arrested for civil disobedience at Hancock's Boston headquarters on Dec. 19, told *GCN* that the arrestees are planning a meeting to

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Coordinate GCN Features

GCN is looking for volunteers to help coordinate the film, theater and book sections of our features department. We'd like to have two people in each section who are interested in selecting productions, books, films (whatever your area) for review and then finding reviewers to do the job. We'd also like to find people who are up on current controversies in the lesbian/gay, feminist, progressive world and able to locate reviewers from a variety of backgrounds, cultures, communities. Send a letter of interest ASAP to Features Coordinators, GCN, 62 Berkeley St., Boston, MA 02116 or call Stephanie Poggi or Chris Wittke for more information.

"Community Voices" and "Speaking Out" are parts of our efforts to provide a true forum of opinion for the community. We encourage you to send your ideas, feelings and comments to us, and to respond to ideas expressed in this space. We welcome all contributions except personal attacks. Copies of letters and "Speaking Out" contributions sent elsewhere are printed on a space-available basis. GCN reserves the right to edit letters and "Speaking Out" contributions for length and clarity, in consultation with the author. The opinions expressed are those of the author and are not intended to represent the views of the GCN membership.

Letter and "Speaking Out" contributions must be TYPED and DOUBLE-SPACED. Letters can be NO LONGER THAN TWO PAGES. "Speaking Out" contributions can be NO LONGER THAN FOUR PAGES. Send to: Community Voices or Speaking Out, GCN, 62 Berkeley Street, Boston, MA 02116.

GCN: a vital lifeline

Dear *GCN*:

This is to respond to two letters critical of *GCN* news and opinion presentations [*GCN* Jan. 8-14].

When I was living in Boston, I too worked with others committed to fundamental change, and did not rely so much on *GCN* for support. That was when *GCN* was put together at the Charles St. Meeting House, back in '73. I helped once in awhile, but had support from others.

Not everyone can afford to live in Boston today, and not everyone has that kind of support — which some of us need to continue working for Gay (Lesbian and Gay) Liberation. *In areas where only a few are still able and willing to do that work, GCN* is a vital lifeline, presenting information we can get nowhere else.

If I want to know what Gay Republicans (or Gay Democrats) are doing, they will practically beat down my door with publicity. This is similar for other more "mainstream" groups (which are more compatible with the status quo, and thus better financed). I see no need for *GCN* to duplicate this material.

What is not redundant, but vital, to those of us not surrounded by politically supportive groups, is the information *GCN*, and no one else, provides. It seems to me that a paper with finite resources needs to focus on its unique strength (i.e. this non-redundant information and opinion), rather than attempting to be all things to all people.

Others will tell you what they think. This is what I think.

Please take care. I cannot tell you how much we appreciate your paper.

Sincerely,
Eric L. Shambach
Minneapolis, Minn.

Hunger strike against lack of AIDS education

Dear *GCN*:

I am a concerned prisoner here at the Wyoming State Penitentiary. As of Jan. 19 Kyle Edmiston, a prisoner who is HIV positive, has undertaken a non-violent hunger strike protest against the prison for poor medical, therapeutic, and nutritional treatment. He is also protesting that no counseling or support groups are offered to any HIV positive, ARC, or AIDS patients here at the penitentiary.

I want it to be known that the poor negligent care offered here and at other prisons around the country are quickly killing off people who haven't even been given

the chance to live. I admit that AIDS by itself is fatal, but with proper treatment, a person with AIDS does have a chance to have a life.

I urge readers of *GCN* to send non-violent letters and calls of protest to Duane Shilinger, Warden, Wyoming State Penitentiary, Box 400, Rawlins WY 82301. It is time that EVERYONE should get a fair chance at living, even those dying in prisons.

Thank you,
Jim L. Sudbury
11985, Box 400
Rawlins, WY 82301

The first generation with AIDS

Dear *GCN*:

The Quilt leaves here today. Again, I didn't see it, I don't know — maybe I don't want to deal with that much emotion at once.

My mother was a volunteer again and tells me Klaus Nomi has five panels. Last year he had none. Klaus, a N.Y.-based performance artist, was probably the first "known" person to die from AIDS, at least a year before Rock Hudson. It angered me that no one, including me, could get it together to make a panel for him. He was unique. I got as far as buying materials and planning what to do, but it just never got done. I give many thanks to those five people who made him panels.

I feel that when I die, a whole era will have ended. That is somewhat presumptuous, I know, but in a small way it's true. When I moved out here 2½ years ago, I attended a support group for about a year. Altogether, with new people in and others out, I met maybe 30 people. As far as I know, three of us are left. One is very close to dying. One is and has been fine. I am somewhere in between but closer to death than I used to be.

I feel I belong to the first generation, so to speak, of AIDS patients. I was infected early on. I lived in a big city. I went to the baths a lot and to adult cinemas. I did drugs — nothing very heavy, but what I did I did a good deal of, especially grass. And in the spring of 1982, when they began pushing condoms, I wore them. But by then it was too late for me. I don't know how all the people that I've worked with are doing. I imagine many of them are gone. I may have been decadent, but we all were. Sex and drugs were very available. There were lots of clubs in N.Y. then, many with backrooms. All the bathhouses were open 24 hours a day and on and on and on. But so many of this generation's young gay men will never dance to something called "new wave" of disco. We won't be at the midnight show of *Pink Flamingoes* or trying to get past the doormen at Studio 54.

But Klaus, believe me, when we meet up with you, we *will* twist again.

David Rolland

Killing chimpanzees for AIDS research

Dear *GCN*:

As a member of the gay community and as a member of People for the Ethical Treatment of Animals' Gay Caucus, I'd like to bring to your attention a matter of the utmost urgency. I am referring to the waste of tax money on AIDS experiments involving chimpanzees. These experiments have yielded nothing of value and, according to many experts, hold no hope of providing any information applicable to humans. Chimpanzees can be made to carry the AIDS virus, however their immune systems differ from those of humans so much that no chimpanzee has ever developed AIDS or ARC. An increasing number of scientists, AIDS researchers and doctors agree that the chimpanzee "model" for AIDS research is unacceptable.

AIDS experimentation on chimpanzees is not only scientifically irresponsible, it is morally reprehensible, and reminiscent of the sort of treatment some people would impose upon people with AIDS. In AIDS laboratories, chimpanzees are commonly isolated in barren cages within dark, solid-walled chambers. The only other living beings they see are the masked, gloved keepers who slide the microwave-oven-like cages out just long enough to dump the waste pans and feed the prisoners inside. Kept in these conditions for years, these highly social and intelligent animals go insane. According to world renowned primatologist Dr. Jane Goodall, "To imprison pairs of three-year-old chimpanzees in cages that are just 22 inches by 22 inches and two feet high is just as

Gay Community News is produced by a collective dedicated to providing coverage of events and news in the interest of gay and lesbian liberation. The collective consists of a paid staff of ten, a general membership of volunteers, and a board of directors elected by the membership.

Opinions reflected in "editorials" represent the views of the paid staff collective. Signed letters and columns represent the views and opinions of the authors only. We encourage all readers to send us comments, criticism, and information, and to volunteer and become members.

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—Read Weaver
Utne Reader

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—Dan Tsang
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inhumane, just as cruel, as it would be to imprison human toddlers in tiny cages." Yet this treatment is business-as-usual at many taxpayer-funded primate facilities. If you are interested in learning how the National Institutes of Health uses millions of dollars of their discretionary fund for AIDS to breed chimpanzees, if you want information on how our precious resources can be channeled into other ways besides experiments on chimpanzees in order to curb the AIDS epidemic, or if you just want to know more about the "Save the Chimpanzees" campaign, please contact PETA at (301) 770-7444, or write them at P.O. Box 42516, Washington, D.C. 20015.

Sincerely
Lela Schuster
Washington, D.C.

Support AmFAR

Dear GCN:

A cure and better treatments for AIDS will be closer at hand when people most affected begin to take an active role in helping to fund research. It is unrealistic to leave such a monumental and important task as AIDS research to groups least affected by the AIDS epidemic.

The last great health crisis of this century was attacked by the mothers of the country when their children were threatened, crippled and died from polio. Many of us can remember the energy and dedication our mothers mustered to raise millions through the March of Dimes to help find a vaccine and better treatments for polio.

AIDS is the second greatest health crisis of this century and can be cured only through research. The same energy and support must now be generated for AIDS research by the very segment of the population most affected.

As we face another year with little prospects for a cure, thousands of our friends will not be with us next year at this time. Each year the same scenario will repeat itself until our community as we know it will be severely diminished. Only research offers a glimmer of hope to ride in front of this deadly, spreading epidemic.

The only national privately funded organization devoted to AIDS research is the American Foundation for AIDS Research (AmFAR), nationally chaired by Elizabeth Taylor, and AmFAR is a major catalyst in the fight against AIDS. AmFAR funds a broad range of innovative scientific research to find a vaccine and better treatments for AIDS and AIDS-related diseases. Since it was started three years ago, AmFAR has awarded grants to more than 200 research teams. AmFAR is committed to mobilizing the good will, energy and generosity of caring Americans to end this devastating epidemic. Contributions to help offer life through research may be sent to: AmFAR, 5900 Wilshire Blvd., 2nd Floor, East Sattellite, Los Angeles, CA 90036.

Sincerely,
Gary Johnson
Kansas City, Mo.

Rappin' abuse

Dear GCN:

"Fear, anger, and the urge to blame — these are among our most common responses to AIDS. Some of our most instinctive attitudes about this disease are negative ones; if we don't admit that and work to understand why it is so, such attitudes can control our decisions in very destructive ways." [James Carol, "Change Starts With Our Own Attitudes," in *You Can Do Something About AIDS*, ed. Sasha Alyson (Boston: The Stop AIDS Project, 1988), p. 13.] Surely "Do Way Diddy" by The 2 Live Crew is a prime example of these dangerous attitudes. The following lyrics were excerpted from The 2 Live Crew rap 12" single "Do Way Diddy (X-rated Extended Remix)":

*I saw this fag
Trickin' at the bus stop*

*Singin' do wah diddy
Diddy dum diddy do*

*I said you sissy mother-fucker
You know you ought to stop*

*Singin' do way diddy
Diddy dum diddy do*

*Spreadin' AIDS
(Spreadin' AIDS)
Park bench*

*(Park bench)
Watchin' dicks
(Watchin' dicks)
You know a real nigger
Ain't about all that shit*

The 2 Live Crew are: The Fresh Kid-Ice, Brother Marquis, Treach DJ Mr. Mixx and Luke Skyywalker. Their label is Luke Skyywalker Records, 3050 Biscayne Boulevard, Suite 307, Liberty City, Florida 33137, telephone: 305/573-0599, President: Luther Campbell, Promotion: Glynne Daniels. Their last three singles were: "Throw the Dick," "We Want Some Pussy" and "Move Somethin'." All three were international teenage hits.

Freedom of speech is a right which we all cherish. When one is in the public eye to any degree, freedom of speech becomes inseparable from responsibility. The 2 Live Crew have abused this privilege. The reviling lyrics to "Do Way Diddy" clearly demonstrate a disturbing lack of social consciousness, education and responsibility. That the ignorance, bigotry and attitudes they reflect are on vinyl sickens me. It is difficult for me to verbalize the outrage I feel. I am angered and saddened when I think of thousands of teenage fans lip-syncing, chanting and believing these lyrics that blame homosexuals for the spread of AIDS. In a time when the barriers of ignorance, racism, prejudice and fear need to be dissolved, "Do Wah Diddy" and similar songs only serve to reinforce these lethal misconceptions.

The gay community has slowed the spread of AIDS within itself. Ironically, AIDS cases are increasing in black and latin urban neighborhoods. These are the same neighborhoods that gave us The 2 Live Crew and Rob "All homos with AIDS get out (of the club)" Base (*Dance Music Report*, Vol. 11, Issue 15, Aug. 13-26, 1988, p. 10).

What will it take to open the eyes of those that not only hold these uneducated beliefs as truths, but also stand as role models with the status and power to influence so many? Does a member of The 2 Live Crew have to turn up with AIDS before those that have made similar comments/records realize that AIDS is not "THEIR" problem, but OUR problem?

Sincerely,
Andrew P. Reynolds
Manager — Culture 7 Records
Cincinnati, Ohio

Congress turns a deaf ear

Dear GCN:

The replies of over 4300 U.S. congresspersons, governors and state legislators to my letters [about AIDS] showed a combination of misunderstanding, bigotry and fear.

The hope of all people who are HIV positive or have AIDS is more funding for AIDS research and laws prohibiting discrimination. Congressman William Danemeyer of Calif. said, "It is unwise to enact sweeping provisions that would legislatively declare these persons a protected class and mandate employers to hire individuals who could adversely affect the health and safety of others." It is this type of fear that allows discrimination to flourish. The Surgeon General and most of the medical community have repeatedly stated that AIDS cannot be spread through casual contact.

Last year, the U.S. Senate passed S1220, which to date is the most encompassing piece of AIDS legislation on anti-discrimination and education. There are those in Congress who still insist on making this issue one of discrimination toward homosexuals. Senator Jesse Helms of North Caroliubmitted five amendments attempting to stop the distribution of information within the Gay Community.

How can we educate our elected officials about the need for more funds for AIDS research and anti-discrimination laws? We all need to write letters to our state and federal lawmakers voicing our concerns on these issues. We can no longer allow the business community to fire HIV/AIDS people out of fear. I must write this column anonymously because I too could lose my job if my company knew I was HIV positive.

We can no longer allow Congress to take away our dignity and productivity by turning a deaf ear. Let your lawmakers know that their lack of action will no longer be tolerated. We can make a difference and all benefit by having a Congress that knows and acts on these issues.

Name withheld by request

Highway terrorism

Dear GCN:

In reply to Scott Bravmann's lengthy letter calling for more indecent exposure [GCN Dec. 4-10, 1988], I would concur heartily and agree, as he clearly states, that he is safe from the ultimate retribution, the marketplace, at this time. For him, the open approach to gay visibility is correct and heartwarming. Visibility is the most important theme for the future of gay/lesbian recognition and rights. Political lobbyists can be balmed, outwitted or even corrupted in our name. Ten percent of the population leaving it up to .01 percent is risky, but not unproductive.

The minority Moral Majority learned to seize power and dramatically change the dialogue in their favor when they learned that a big mouth, pushy tactics and ceaselessly rubbing people's noses in *their* agenda works wonders of great providence. A simple, crudely painted shingle 25 feet up a telephone pole that says "Jesus Saves" reminds, embarrasses, intimidates and gets seen. Multiply this simple act a thousand times at greater and greater sophisticated levels all the way up to the electronic Mammon and you have the Power of the Makers and the Shakers.

Every damned queer in America has to make some ongoing *public* gesture, from shingle to full coming out, from the simple, bold T-shirt terror to the glorious acts of civil disobedience rolling wave upon wave across the vision and minds of middle America.

Among other things, I have a wonderful little fun thing: a big, yellow diamond card placed in the rear window of my car on which I've lettered "GAY CHILDREN ON BOARD." I've driven hundreds of miles over two years with it and it has been seen by many hundreds of people in Connecticut, Rhode Island, Massachusetts, Maine and New Hampshire. I have not been smashed into or driven off the road. I get non-chalance, ugly stares and fist-shaking, but I also get thumbs up, happy honks and, once even, two teens, a boy and girl, driving with their parents, wildly cheering in total crazy abandon. In parked situations where the car could be in danger of vandalism, I remove the sign or turn it around, for on the back it says: "Mrs. Reagan, Mrs. Reagan, can Ronnie Come Out?"

Sincerely in visibility,
Vincent F. Luti
Westport, Conn.

We, the (gay and black) people

Dear GCN:

We, the (gay and black) people of Tehachapi state prison hope to elicit some type of response to the on going discrimination against gay men and blacks.

Gay prisoners always find them self in the middle of racial riots and are almost always blamed for them, along with black prisoners.

Black gay men and strait black prisoners tried to integrate with other races, who like us are trying to over come racial tension, which results in people being seriously hurt, and even murdered.

The administration told the black and gay inmates that we are the cause of prison problems and would remain segregated and that disciplinary action would be taken against us if we continue to complain.

All prisoners are not bad people or criminals and have a right to life like any human being, but it does not seem that way in this prison. People are being murdered in here. With outside help (attention) this can be changed. Please, anyone who wishes to help, please write a letter of protest to the addresses below: Gov. Deukmejian, State Capitol, Sacramento, CA 95814; Director of Cal. Dept. of Corr. James Rowland, 630 K St, Sacramento, CA 95814; Warden Bunnell, PO Box 1031, Tehachapi, CA 93561.

Thank you,
Gilbert Verdugo
C-42519 Unit 5
PO Box 1902-B
Tehachapi, CA 93561

Against letting some creep bulldog you

Dear GCN:

I first want to compliment GCN for letting prisoners have a voice. Prison life can be a nightmare for gay prisoners and unfortunately there is not enough unity even among us.

It is understandable that there are many gay prisoners incapable of physically opposing some of the unfair treatment imposed upon us, but at least try! Don't just stand there and allow some creep to bulldog you and then walk away only to return another day for a repeat performance. You will have a lot more respect for yourself for at least making an effort on standing up for your rights.

To the readers of GCN who are on the outside, I am certain some of you probably are thinking when a gay prisoner is attacked that he/she should report the incident to the prison administration, but to do such could subject you to brutal treatment by other prisoners because that is something that you just Do Not Do [cooperating with 'the man' against another prisoner]. It's called "snitching" or being a "rat" and once you have that mark on you, your health is not worth anything unless you go to "Protective Custody" [isolation: no educational programs available there, no jobs, no recreation and friendships with prisoners in the 'general population',...]. Women on the outside have a taste of this "blame the victim" brand of protection/isolation when they find it dangerous to go out alone at night.

What is needed is a non-profit organization willing to investigate the overwhelmingly suspicious convictions laid upon us. The GCN printed it best, "A little solidarity goes a long way." A little solidarity inside is needed as well.

If anybody would care to comment on this article, please do.

Luckie De Fowler
c/o R.D. Deome
105 Division St.
Springfield, MA 01107

An open letter to the lesbian/gay community

Dear GCN:

The Angola Gay Association (TAGA), which at this time is a small group of Gays within the Louisiana State Prison system, is banding together to organize into a respected self-defense group. While we are a small group at this time, without any official approval, we are growing. The reason for our actions is due to the horrible conditions and disrespect that (us) Gays are subjected to in our confinement. Each of us understand that our road ahead is not going to be easy at all.

Because of our lifestyle we Gays are not able to participate in a lot of the prison programs or activities, social functions and sports, unless we are paired with an inmate who is not Gay, because non-Gay inmates control all such programs.

We have set goals for our group as follows:

- (1) to organize a social group for the Gay prisoner community on the same basis as other prison social groups,
- (2) to bring all Gays within this system together in order to be treated equally, and as individuals in all aspects of life,
- (3) to be able to participate in all programs, social activities, sports, etc. as equals and with respect as individuals,
- (4) for the outspoken and other Gays in this system to be allowed to be housed in the general population on a equal basis, and not as it is now, only if we are "paired" with a "straight" inmate.

It should be noted that at present all members of TAGA are in "extended lockdown" with no real hope of release because we have no outside voice or meaningful support.

We of TAGA are seeking support (letters to us and the authorities, etc.) from the Gay Community to give us a voice and the power to attain our goals, in order that each of us will know in our hearts that we are not forgotten in our struggle.

If there are any outside Gay groups which wish to assist us in our struggle as a sponsor of our incarcerated group, or any individuals who would like to be friends on a 'one-on-one' basis, please contact us and we will reply with full details and background information.

Your encouragement and helpful ideas and correspondence will assure us that we have a true chance to change these types of disrespectful conditions that we live under in this system.

Jerry Phelps
117296
Camp D Hawk 1-L-5
Angola, LA 70712



A scene from *Beaches*

Life's a beach

This Bette Midler, Barbara Hershey film would make more sense if the two women were, or had been, lovers

Beaches. Directed by Garry Marshall. Screenplay by Mary Agnes Donoghue. Based on the novel by Iris Rainer Dart. With Bette Midler, Barbara Hershey, John Heard, Lainie Kazan. At the Charles and the Copley, Boston.

By Michael Bronski

At first it must have sounded divine. As divine as the divine Miss Midler herself. *Beaches* has Bette Midler and Barbara Hershey play two women — friends and rivals — over the period of a 35-year-long relationship. Although based on a novel by Iris Rainer Dart, the shape and tone of the film clearly comes from the 1943 classic *Old Acquaintance* with Bette Davis and Miriam Hopkins — which was remade in 1981 by George Cukor with Candace Bergen and Jacqueline Bisset as *Rich and Famous*. In these films both women were writers — one highbrow and serious, the other a successful writer of romantic pulp. This updated version — keeping in line with Hollywood's notion of feminism — features Hershey as a liberal ACLU lawyer and Midler as, well, Bette Midler, an enormously pop/rock/show-tune singer.

There is nothing wrong in making remakes and certainly nothing wrong in making an "old-fashioned" sort of romantic movie (although *Beaches* is no entrenched in a '40s film sensibility that you have to keep reminding yourself that is it supposed to take place in the late 1980s for the most part). But *Beaches* makes a serious miscalculation in trying to cross over and update its material.

CC Bloom (Bette Midler), a tough-talking and loud-singing 11-year-old from Brooklyn, and Hilary Essex (Barbara Hershey), a frightened poor-little-rich girl, meet at the Jersey shore sometime in the early 1940s. They become fast friends — although they don't seem to see one another for 12 years — and end up as roommates, sisters,

jealous enemies and finally, soulmates three decades later. Both marry, Hershey has a child, Midler has career successes and failures. But despite all of their problems, they are always — in the end — there for one another.

Using the *Old Acquaintance*/*Rich and Famous* idea seems sure-fire, but it doesn't work here because *Beaches* actually wants to be something so much more. *Old Acquaintance* was based on the play by gay playwright John Van Druten and *Rich and Famous* was directed by gay filmmaker George Cukor. A good case could be made for seeing both as prime examples of a certain sort of gay male fantasy about women's lives: the stylishness, the elegant bitchiness, even the sentimental emotionalism is an attempt to recreate a gay male sensibility forbidden in acceptable popular culture. There is nothing wrong with this and I don't think that anyone ever thought either film was being particularly representative of real women's lives. The problem with *Beaches*, however, is that it does want to be taken seriously as a film about women's lives. Rather than setting itself apart by placing quotation marks around itself (Susan Sontag's witty definition of camp) it lunges right for the heart attempting to engage us, seriously engage us, in what can hardly even be taken for good soap opera.

It is to the credit of both Bette Midler (with her cunning, intuitive ability to peel off seemingly real emotions one after another) and Barbara Hershey (who gives her usual thoughtful, intelligent performance) that there is quite a bit of emotional and affectional energy between the women. But oddly enough, this seems to hurt the film. While we really believe — at certain key moments — the intensity of this relationship, it is frustrating that because of the confines of the script it does not, and cannot

Continued on page 12

Boys' night out

Bertrand is Missing captures the ambivalence and celebration of being different, yet demanding to be accepted

Bertrand Is Missing. Directed by Patrick Mimouni. With Nini Crepon. February 2 at the Somerville Theatre. Showing at the Fifth Annual Boston Gay and Lesbian Film Festival, running from Jan. 20-Feb. 2

By Michael Bronski

Looking over the list of films now playing at The Fifth Annual Boston Gay and Lesbian Film Festival it is amazing to see how many of the gay male-oriented films deal with relationships between adult men and either younger men or boys. *Mala Noche* concerns the relationship between a gay man and a young drifter and *In A Glass Cage* details the harrowing and deadly battle between a murderous ex-concentration camp guard and a psychopathic teenage male nurse. *Forty Deuce*, directed by Paul Morrissey, is a funny and frightening look at

the world of teen hustlers on 42nd Street. Not as bizarre or loaded as the Spanish *In A Glass Cage* or even as sensitive as the humane *Mala Noche*, *Forty Deuce* is a black comedy centered around a group of young hustlers attempting to sell one of their friends — who has just OD'ed — to a slightly crazed john.

All of these films deal with sex as an obsession or a commodity; the relationships between the men and the boys are fraught with danger, sometimes ending in death, or at the very least a power struggle for either sexual or social control. But as good as these films are — and *Forty Deuce* is a great movie — it is a relief to come upon Patrick Mimouni's *Bertrand Is Missing* (*Bertrand Disparu*) in the wake of all this intergenerational emotional warfare.

Continued on page 10

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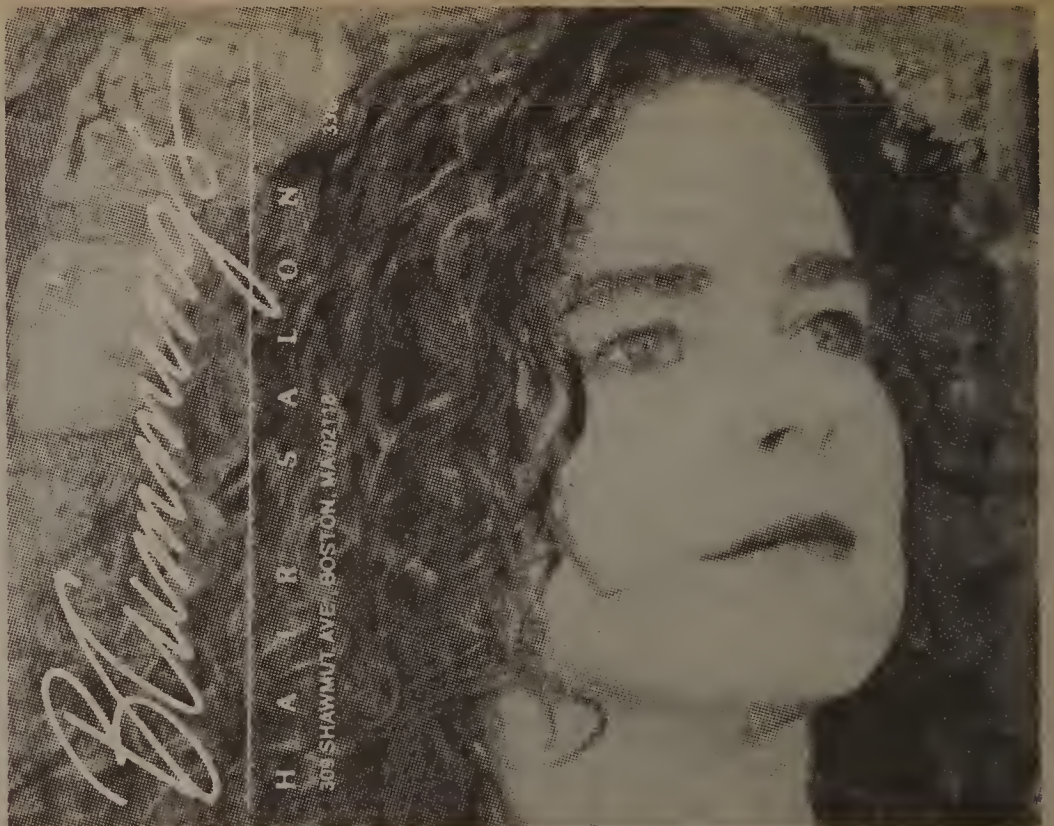
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To suck or not to suck?

An in-depth look at what AIDS educators are telling men about the relative risk of oral sex without a condom

By John Dooley

BOSTON—Although unprotected oral sex between men is described as a “lower-risk” activity by organizations such as the Canadian AIDS Society and Gay Men’s Health Crisis (GMHC), AIDS educators are cautioning people to not misinterpret this information.

“It’s important to realize that when one says lower risk one is not saying no risk,” says David Winters, coordinator of AIDS prevention for New York’s GMHC. “I think people misunderstand that quite often. We’ve placed unprotected oral sex and not having your partner cum in your mouth as lower risk.”

The facts about relative risks of transmission of HIV — a virus thought by many to be a cause of AIDS — are becoming clearly well-established, according to Dr. Jack Moy, director of the Massachusetts Department of Public Health’s Sexually Transmitted Disease Program. Oral intercourse between men is less risky than oral or vaginal intercourse, he said, and receptive sexual practices are more risky than insertive sexual practices.

While the facts about HIV transmission may be getting clearer, there have been “mixed messages” about the relative safety of oral sex, said George Seage, AIDS epidemiologist for the city of Boston. In his work on the Partners Study of HIV seroconversion at Boston’s Fenway Community Health Center (FCHC), Seage emphasizes that oral sex is not safe.

It’s especially important to educate people on the theoretical risk of oral sex, AIDS experts say. People should understand that the virus is in semen and that some cases suggest it could be transmitted orally, said Dr. Kenneth H. Mayer, research director at FCHC and associate professor at Brown University.

Until there is definitive evidence on the safety of oral sex, counselors say it is better to be safe than sorry. “We who do AIDS education here would definitely never say there’s no risk to oral sex . . . I know in the gay community a lot of people say oral sex isn’t that big a risk. But I feel it’s up to the individual to decide that, not public health officials,” said Louise Rice, public health nurse for the city of Boston specializing in AIDS.

This cautious ethic was echoed by all counselors contacted by *GCN*. “On the basis that there’s good evidence there’s been

“To be safest use a condom if you’re sticking the head of a cock in your mouth. But if you don’t [use a condom], don’t let a partner cum in your mouth.”

transmission orally, we’re going to stay on the conservative side of things,” says Gail Beverley, health educator at FCHC. “Unofficially it’s because it’s a never-say-never situation. It may be viewed as conservative, but we ask people to consider that it’s a possibility and then integrate that into their behavior.”

Bruce Patterson, GMHC’s coordinator of outreach services, concurs: “Our counseling isn’t going to change that much. We’ve always said, ‘Wouldn’t you rather be safe than sorry?’ We have to take what might be considered a conservative tack here, but it’s only because we care about people’s health and their lives in the long run. It would be irresponsible of us to say ‘Oh, it’s probably fine, don’t use a condom.’”

The role of condoms

Condom use to reduce risk of HIV transmission via oral sex is also advocated by the San Francisco AIDS Foundation and other organizations.

The Massachusetts Department of Public Health’s recommendations for reducing risk are consistent with the U.S. Public Health Services’s safer-sex guidelines. These agencies advise protection against potentially infectious bodily fluids, in particular blood or semen.

Health officials and independent counselors stress that open sores or cuts in the mouth, bleeding gums and freshly

brushed or flossed gums could all be portals for transmission. In addition, Seage says, “although we feel that gastric juices would kill the virus, there could be lesions or ulcerations on the gastric lining.”

“To be safest use a condom if you’re sticking the head of a cock in your mouth. But if you don’t do that, don’t let a partner cum in your mouth,” advises GMHC’s Winters. Another good reason to use condoms is to reduce anxiety. “Sex can be enjoyable and loving when it’s not fraught with worry,” says GMHC’s Patterson.

Winters encourages GMHC hotline counselors to help reduce anxiety by talking about risk categories. “If people are going to suck cock without a condom, it’s important for them to know [that activity] is lower-risk and that may reduce their anxiety,” he said.

Counselors do not tell people what to do, however. Rather, they try to help people understand all the risks and how they can apply that information to their own lives. Independent, informed decision-making is the key to reducing risk, and anxiety, they say.

Controversial study findings

To determine risks of HIV transmission between men, four institutions followed 2,507 HIV antibody-negative gay or bisexual men for six months in 1985. This study, known as the Multicenter AIDS Cohort (MAC) study, reported no detectable risk of seroconversion — becoming HIV antibody-positive — due to oral-genital intercourse. Among the 147 men who engaged only in oral sex, none seroconverted. Receptive anal intercourse was found to be the only significant risk factor for seroconversion.

Researchers contacted by *GCN* question the validity of the MAC study, however. The study’s argument, according to FCHC’s Mayer, was that since there were 95 seroconverters and since 6 percent of participants had only oral sex, 6 percent (five) of the men who had only oral sex would have seroconverted if oral sex were truly a way to transmit the virus.

“The counterargument is that, what if oral sex is only one-tenth as efficient as anal sex in transmitting HIV. In that case, instead of five out of 95, you would expect five-tenths,” says Mayer. “Statistically, this percentage is too small to have been accurately measured without more participants. He adds, “I think it was very clear early on that more money needed to be spent on larger cohort studies to try to resolve these issues, and I think that because of an anti-sex bias, public health officials thought that since any sex might cause some risk, why bother getting to the nitty gritty.”

Since 1985, Mayer has been working on a study at FCHC to determine risk factors. So far, this natural history study has followed more than 200 men for three years, and 10 have gone from anti-body-negative to antibody-positive. One participant who seroconverted after two years said when he entered the study in 1985 that he had only one anal exposure in his life, in 1982. According to Mayer, “The time he came in after he seroconverted he related that he had two oral partners where he did have exposure to semen in the preceding year, and one of them was antibody-positive . . . I think that means he probably became infected by a partner who was antibody-positive. He swallowed that person’s semen.”

Other studies have also linked HIV transmission to oral sex between men. The Centers for Disease Control (CDC) has received a number of reports of seroconversion where oral sex was the only mode of transmission, according to CDC spokesperson Chuck Fallis.

The most recent report of presumed HIV transmission from man to man by oral sex appeared in a letter to the editor in the British medical journal *The Lancet*. A cohort of seronegative gay men was followed at the Claude Bernard Hospital in Paris, and five of them were reportedly infected by insertive or receptive oral sex. “There’s also another finding . . . that presumably insertive fellatio is a mode of transmission in some cases,” the Mass. Dept. of Public Health’s Moy says.

“My own opinion is that [HIV transmission between men by oral sex] is presumably a rare event,” Moy says, “but we know that blood-to-blood, blood-to-mucus mem-



“Sex can be enjoyable and loving when it’s not fraught with worry.”

brane or semen-to-mucus membrane exposures are the route of transmission, that theoretically oral sex that’s unprotected would be capable of resulting in transmission. There undoubtedly is a chance for it to happen, but it’s very small.” He adds, “There’s no way to totally eliminate the risk of exposure, but there are ways to reduce it substantially.”

What about precum? The experts agree that it could potentially transmit the virus. Although “nobody has shown that pre-ejaculation has resulted in conversion, the virus is present in pre-ejaculation in some people at some times,” Mayer explains.

The uncertainty about oral sex is frustrating for the public, but the experts say it’s important to communicate this uncertainty along with the more definitive evidence about other practices.

“I understand that everybody would like to have absolute certainty about the lack of transmission by certain practices or certain routes,” says Moy. “That’s very attractive emotionally and intellectually — to be able to say ‘I know it’s okay’ and reduce your level of anxiety. But it needs to be appreciated that it’s not scientifically possible to prove that an event cannot occur . . . Nothing is impossible. That’s difficult for people to accept often.”

At the same time, counselors say they do not want to be sex-negative and they realize that “in the real world” people do have receptive oral sex.

Changing behavior

Battling a sex-negative and especially gay-negative culture is an unfortunate reality for AIDS workers, says GMHC’s Patterson. While counselors agree it’s important to encourage safer-sex practices as the social norm, they are concerned about pressure in the United States and Europe to “outlaw” anal sex consensually. “Anal sex is being scapegoated as the cause of AIDS rather than HIV,” Patterson says.

AIDS workers are also battling risky behavior. The assumption that people are no longer engaging in sexual activities such as anal sex without a condom and oral sex to the point of ejaculation is not true, says Tim Broadbent, director of the Massachusetts Alternative Testing Site program.

The fact that GMHC receives a large number of calls regarding venereal disease

also indicates that safer sex is not universally practiced, since such practices dramatically reduce risk of transmitting many sexually transmitted diseases.

Men involved in new relationships are exhibiting another kind of risky behavior. After being involved for two or three months they begin trusting each other with intimate issues, Broadbent explains, and they illogically transfer that trust into a belief that their partner is probably not infected.

Risky or not, men practicing oral sex think they’ve chosen a safer activity, says FCHC’s Beverley. They feel the likelihood of being infected orally will always be less than with some other practices and that they’ve already given up a lot.

A lot, indeed, has changed since the early days of the epidemic. A “tremendous” behavior change has been observed among participants in the Partners Study over the last few years, according to Seage. “It’s clearly very different than it was in ‘85, when folks were having both unsafe activity and large numbers of outside partners,” he says.

Today, most people are practicing safer sex most of the time, says Seage. Mutual masturbation seems to be practiced more than before, and condom use — mostly for anal sex — has risen. People have changed oral sex behavior less than anal sex behavior, however, says Seage, adding “They’ve changed by having partners withdraw before ejaculating in the mouth.” Although most people are “pretty good” about avoiding risky sexual practices, “it’s very hard to resist something like sex,” he says.

Counselors and researchers try to help people strike a balance between realizing the risks and maintaining a positive attitude about sex. “My own feeling is that the epidemic is bad enough that people should have some caution around oral exposure to semen, but people have to have satisfying sexual lives too, in the midst of this,” says Mayer. “The important thing is to think it through, not be angry at the data because it casts a cloud over one’s life or take it as religious writ.” □

From the film New Breed

Dorothy Hoogterp on Old Lesbians and Health: the problem is ageism

Isolation, poverty, mis-diagnosis and over-medication are key factors in the health problems of old lesbians

The following is excerpted from a paper delivered by Dorothy Hoogterp at last summer's Lesbian and Gay Health Conference in Boston. The paper was called "Health Issues of Lesbians and Aging." Dorothy Hoogterp, who lives in Grand Rapids, Michigan, is 72 years old; she was a public health nurse for over 11 years

By Dorothy Hoogterp

Health problems of old lesbians are insufficiently addressed. One reason for this is that in our society (and in the documentation thereof) old lesbians are an invisible population. An important reason for this invisibility is ageism: in society as a whole, within the women's community, and internalized in old lesbians.

Invisibility

Old lesbians who still face all the societal problems we faced in earlier days — racism, classism, sexism, religious oppression, poverty, and homophobia — must also face the invisibility ageism brings. Like old people generally, and old women in particular, once we have stepped across the line of "productivity," we seem to cease to exist. Once we leave the roles of faithful employee, grandmother, dependable spinster-aunt baby-sitter, or of financial contributor to Causes, old lesbians become *nothing*. We have not vanished! We have not changed. The lesbian circle has been broken. *Women have let go of our hands and have re-formed that circle without us.*

This exclusion also occurs in the lives of other old women, at varying ages depending on the survival of husbands, children, siblings and social groups. However, because lesbians have taken other lesbians as their own "chosen family," when we are abandoned by the women's community, ours is a painful aloneness. If you do not see us, we are indeed invisible.

Our invisibility results in lack of a support system, and that lack affects our access to resources — to food, housing, transportation, education, spiritual companionship and comfort — and very importantly, to health care. Because nobody sees old lesbians, nobody can or will address our needs.

Another problem is of ageism internalized. No services intended to help us will be of any use to us if we refuse to admit that we are lesbians, if we refuse to admit we are old, or if we refuse to admit we are valuable. Sometimes we have made ourselves invisible by hiding in the double-walled closet of internalized homophobia and internalized ageism. We hid ourselves from others and from ourselves because we despise our "old lesbianness." Those walls then close in on us: walls of loneliness, inactivity, resentment, self-neglect, withdrawal and bitterness.

If we accept the negative stereotype of old, which curses all old women, we have in fact resigned from living before it's over. The stereotype describes *old* as sick, frail, unproductive, a burden to others, unloveable, unlovely, and unloved. From this point of view *old* is expendable and in the way. To be an old woman is to be unwanted. Thus, old — for lesbian and straight alike — is equated with non-existence.

"They" can't do this to us. But we can do it to ourselves. It is necessary for old lesbians to point out, over and over again, the specific outrages of ageism in our daily lives. If we do not confront this youth-worshipping civilization of ours, ageism will continue, even as racism has continued to saturate the life-fabric of our nation.

We need to look at it as it occurs day by day . . . in colleges and graduate schools as older women return to school; in department stores and restaurants as we are ignored or condescended to; in doctors' offices and in government agencies where we are patronized or brushed off as if we aren't qualified to discuss our own bodies and our own lives. If on any of these occasions there are younger persons present, then the teachers, clerks, lawyers, doctors and agency-staff people will speak to our younger companion *as if this old woman wasn't really here at all.*

May I point out that the stereotype of the "wisdom of old age" is also negative, and a



Dorothy Hoogterp

way of distancing the young from us and from reality. I am old. I know what I know. I learned these things the same way as you do, mostly by trial and error. Wisdom doesn't arrive through some mysterious chemistry which accompanies wrinkles! I do have the advantage of remembering times and ways of living which you have never seen and never will see. That learning is closed to you, and I can share it if you want to listen. Also, old lesbians have survived . . . often we have survived things we didn't believe we could live through. This too has great value for desperate travelers who now come behind us on the road.

In some ways the issues of invisibility are changing. Just as feminism has rattled the cage of sexism, so there is a new rising up of old voices. Old folks are beginning to organize. Somebody did a poll, and another, and another. And they found out that a larger percentage of seniors *vote* than any other age group. That fact has opened

the eyes of many alert politicians, and released a flood of mailings telling us how much said politicians have always loved us. But how much does that help old lesbians. Old lesbians do not need to become a part of an "*old bloc*." We are too diverse for that. We never were a bloc, nor do we need to be. We do need to firmly take hold of our own political power, and to form real coalitions with gays/lesbians and with all others with whom we share issues. If we allow our activism and our votes to be commingled and submerged in the pressure groups labelled "old," we remain invisible . . . we are "whited-out" in the documentation of old age, a nameless minority within an important segment of the community.

Remember that there are millions of us. Lesbians are a healthy population. There is no reason to doubt that our ratio of "two in twenty" does not apply to us at 60, at 70, at 80, and 90, and beyond (Note: The population of over-85 women is, by percentage, the

fastest growing population in the country).

Health problems of old lesbians

This section will explore the chief mental and physical conditions which cause health problems for old lesbians. All of them are connected to ageism and the invisibility it brings.

Although physical health and mental health have been divided by our society into separate systems, we know that they are irrevocably interlocked. Let us begin with three areas where the two most obviously overlap: substance abuse (both of alcohol and medications), nutrition, and exercise.

1. Substance abuse. Statistics indicate that one lesbian in three has a substance abuse problem, either with alcohol-addiction alone or with a combination addiction to alcohol and other drugs. To that statistic must be added at least one co-dependent per abuser, which leaves the lesbian community with a stagger-

The positive side of invisibility

There is a positive as well as a negative side to invisibility, a certain wry advantage in being unnoticed. Old lesbians usually do not have the family and societal pressures they experienced in younger stages of life; little old ladies are expected to be eccentric, to live alone, to have women friends, to keep gardens and/or cats. The fact is that old women, for as long as they can stay out of the clutches of relatives, guardians, agencies and institutions, have at least partially escaped the patriarchal society.

For those old women for whom the meaning of life was bound up with having a man or men at its center, a manless old age can be a torment of loneliness. But outrageous old women, including old lesbians, are singularly free to create worlds of our own. Study the pictures of the first wave feminists. These are not young women, nor were they subordinate to male leadership. These were vivid, strong, independent, courageous and outrageous old women bent on turning society upside down. And, at whatever point they touched their world, they did!

Who can say if they were lesbians? The word was not spoken. We do know that they were strong women-oriented women, and that their passionate spirits have led us on.

ing two-out-of-three of us who are, or have been, caught in the addiction trap. (This set of statistics has nothing to do with *old*!)

This is not nearly as bad as it appears at first glance, for many lesbians are in recovery! Many of the strongest women I have ever known are recovering lesbian alcoholics (and/or mixed substance addicts). These women and their recovering co-dependents become the "wounded healers" of our generation: strong, intense, informed, compassionate sisters who have been to hell and have returned.

The point is that *old* lesbians have substance-abuse problems too. These may be a carryover from earlier days of heavy social drinking, problems which were held in check by the counter-forces of work, community, and the presence of lovers. When women are old and alone, the bottle becomes a refuge. Also, some older women take to alcohol for the first time as they begin new and isolated lifestyles. Alcoholism in women is said to be the most-often misdiagnosed condition! This is true whether the presenting symptoms are physical or mental. In physical medicine the headaches and disturbances of vision, the digestive upsets, the neuritis, the inability to sleep are not seen as the drinking problem they represent. Patients themselves are not likely to be helpful or to reveal the extent of their alcohol consumption. Often they don't even see any connection; and if others in their circle have mentioned it to them, *denial* is a major part of the disease itself.

If women come in with mental health symptoms instead, the diagnosis will still be missed, especially if the women are old. Depression, insomnia, hallucinations, blackouts, confusion: with these presenting symptoms doctors can look conscientiously for other causes and miss the concealed obvious. And so women alcoholics (lesbian or straight, old or young) go home with a prescription to make them feel better. Often the drug of choice is Valium. Unfortunately, Valium-plus-alcohol is bad medicine. The treatment will be worse than the

disease.

Medication abuse is another major issue for old lesbians. As a Public Health Nurse for 11 years, I have had more opportunity than most to look into the overcrowded medicine cabinets of old women. I know the skewed results of the modern "specialist-system," in which one or more physicians does not even know what the others are doing. Thus medications are ordered by colleagues who never met one another, and for conditions that the specialist may not even know a woman patient is being treated for. At the same time she buys additional medications over the counter; and often tries out further treatments which have been recommended to her by neighbors and friends.

The human body was never designed to survive such an onslaught of conflicting treatments! And some of the combinations inadvertently used can be deadly. Drug misuse can also result in such symptoms as dizziness, confusion, trembling, blurring or double vision, ringing in the ears, disorientation, sleeplessness, sharp fleeting pains, nausea, sweating, and general malaise. *So old age is a bum rap!* And old age has nothing to do with it!

Nutrition. Let us examine another crisis most often neglected in the lives of old women, that life-problem of *food*. For any woman who has cooked for others, eaten with others, and had her own cooking skills reinforced by appreciation, the pattern of eating alone becomes a crisis. Cooking takes time and money and energy and imagination. Often our senses of taste and smell are seriously affected by age (also by medications). The result is a drop in the incentive to eat for pleasure. Often too we have new problems with foods disagreeing with us: gas, heartburn, reflux, nausea, diarrhea. So eating becomes only a necessity, not a desire. The sharp drop in our physical activity level blunts our healthy appetites. The lack of normal sunshine deprives us of vitamin D. Lack of fresh fruits and vegetables deprives us of vitamin C and our mouths get sore, further diminishing the pleasure of eating. We neglect dental care because Medicare doesn't even partially pay for that.

All of these factors result in another often-unnoticed health problem: *Malnutrition*. And malnutrition is dangerous! This is one important reason why old women should be examined regularly either by a physician or by a nurse or physician's assistant. For the lack of good nutrition *can* be diagnosed. Often it is combined with a lack of hydration. The wrinkles, the dryness, the strong-smelling urine, the constipation, all can indicate a simple need to drink water . . . up to eight glasses a day. Often this dehydration results from self-treatment. The fear of bladder-leakage, and the effort it takes to make it to the bathroom day after day causes us to severely restrict our own fluid intake.

Malnutrition also produces symptoms such as lack of energy, confusion, aches and pains, and drowsiness. These become the direct cause of old women being hustled off to an institution "for her own good." Relevant health education and encouragement could change a lot of old lives.

But there are other aspects of nutrition of special interest to old lesbians, for many lesbians have a non-traditional approach to food. Our intense involvement with the environment and/or our philosophy of sharing the earth with the animals, and our respect for the lives of animals who are so casually used and exploited for both food and medical research have resulted in a strong commitment by many lesbians to a

vegetarian diet. How often is this commitment made possible or respected in the lives of old lesbians? In addition many of us have a serious commitment to and understanding of organic foods, and of herbal healing. While we had the energy . . . and the "ticket-of-acceptance" as not-old . . . we puttered in our own gardens or even farmed our own farms! We participated in food co-ops. These are health issues. With the isolation of old age, our access to this part of our culture becomes limited. We are forced to throw away a part of our selves, becoming less of a person in our old age.

3. Exercise. It is ironic that lesbians, who led the early movement towards physical fitness, non-abuse of pharmaceuticals, and away from refined and additive-loaded foods, should still fall into these common traps as we approach the last part of our life cycle: that part of our life for which neither participant nor care-giver is prepared or trained! For example, lesbians have always been in the advance guard in advocating an active life. Rural lesbians have plowed and planted and tended their animals with diligence and affection. City lesbians have back-packed, climbed mountains, canoed the white-water rivers, camped winter and summer, and taken part in soft-ball, baseball, football, tennis, volleyball and every kind of sport. Most of us have learned by interest or necessity to fix or maintain our cars, to build and repair our homes . . . painting, roofing, wiring, plumbing and cement work, as women who desired self-sufficiency and competence. Yet lesbians too can be battered by culture shock as they move apart from the productivity, and the fun of working together, when we become "old" in the eyes of others.

When we have been deeply involved in a lesbian life style which includes yoga, massage, dancing, aerobics, and martial arts for both exercise and self-protection, the ageist tradition of "the old rocking-chair" is one more cultural shock!

As for all old women, it is important that old lesbians keep moving. This is indeed an issue of physical health, but it is far more than that. The "high" we used to get from running, swimming, or hiking through the woods was very important to our mental health. This *depression* which we associate with "old age" is linked to our enforced immobility.

Sex and health for old lesbians

So what about lesbian sex in our old age? We bring to our "golden years" the same bodies and minds as we had in our visibly productive years. Sex was part of our lives then, What happens to change things?

Physically, old lesbians can be afflicted with heart problems, hypertension, kidney disease, circulation problems, osteoporosis, arthritis and all the varieties of cancer. We share with other old women, and with all people, the need for prompt, considerate, and effective medical treatment. *But* we need recognition that we have *not* discontinued our sexual desires and potential. Lesbian-friendly health care for the old lesbian demands recognition of the sexual impediments of old age. (I suggest that these same impediments affect all old people. *Old folks* are presumed to be beyond or above sexuality. This attitude is certainly super-ageist.)

Some problems for old sexy lesbians: vaginal dryness and fragility of vaginal tissues, difficulty/stiffness in moving suddenly, fragility of blood vessels resulting in bruising easily, fragility of skin and underlying tissues resulting sometimes in distress from any but the gentlest massage. All of the above interfere with normal lesbian sex and can cause great mental distress to both lovers. This is especially true if one lover is much younger and has no experience of the problems herself! Lesbian-friendly health professionals should be able to discuss these issues and offer suggestions. Also, the younger partner should be made aware that it is *not* that she is doing something wrong . . . that what happens is just one of the inconveniences of oldness. The important thing is the message: "*Keep on loving.*"

Mental Health

Any previous mental patterns, such as mood-swings or phobias, will naturally carry over into old age. Phobias will be aided and abetted by well-meant advice to the old about the "dangers of the streets," the "dangers of falls in the bathtub or other-where in your own quarters," "the dangers of break-ins with robbery and rape," the need for "security." If a woman is already a little paranoid, her advisers will make certain she continues the thought pattern!

Another mental health issue is the fear of losing our mental capacities. We have been encouraged to believe that all of these negatives "will get us in the end" because we

are old. But we are, at this part of our life-cycle, the same women that we were in the past: we carry our old negatives such as rigidity of personality, hostility, obsessive and compulsive behaviors, inflexibility, opposition to new ideas, and our fears. Our isolation and inactivity may make these things more noticeable in our old age, but old people will tend to be the same kind of people they were when younger.

The cultural exclusion of old women from decision-making, even in regard to their own lives, is crazy-making, and is certainly a mental health issue. It gives a message which is doubly hard to bear for old lesbians, women who have been articulate and independent all our lives. The message is: *sit down and shut up!* The added frustration and rage at this enforced silencing can result in combativeness and aggression in some of us; and in others a passive withdrawal, depending on our basic personalities. In such cases it is not *old age* which causes our symptoms of mental illness, but the agony of being locked out. Old lesbians, like all

Continued on page 12

The research of Baba Copper

For further reading on ageism I would like to recommend Baba Copper's book, *Over The Hill, Reflections on Ageism Between Women* (Crossing Press, Freedom, CA, 1988). And in this section, I wish to discuss some of the key issues she lays out so well in her book.

One crucial topic is touch between old and young women. She says,

I must write more about the politics of touch. I want to touch. I need it like a drink of water. How can it be normalized between old women and young? Touch can be a status indicator, moving down the societal hierarchy, not up. The absence of touch can indicate sexual rejection, just as its presence signals interest. What sign tells another woman that we want to exchange touch but not sex."

Barbara Copper adds:

One of the primary complaints of age is touch deprivation. I suspect this problem is even more acute in the lesbian community where the implications of touch between women have been eroticized.

This issue is extremely important to me as an old lesbian. I am not incapacitated nor inactive. I spend much time and energy at lesbian events. Lesbian touching has been a major glory in our lives . . . Yet after we reach a certain age people stop touching the old, or they change the way they touch us. Even when you say "I respect you. I honor you" this is usually a non-touching, distancing mode. Or old people are touched condescendingly, patronizingly with a pat on the head, or a cold greeting. We are supposed to appreciate the great favor of your visit or attention.

Once in a while we get the acceptable kind . . . the old touch of familiarity, the teasing horseplay of long-standing friendship. But what about the flirting, tender, sexy lesbian greeting . . . the "young" touch-mode recognizing the interesting/interested sexy woman you happen to be talking to. What's wrong with us? Or should I say, what's wrong with you?

Baba also clears a lot of ground in her extensive discussion about mothers and daughters. She writes, "Sometimes I feel as if *ageism* is misnamed, that the problem should be called *daughterism*." Other notes on this topic include, "One of the remedial steps lesbians can take is to make a clear distinction between old lesbians and our own mothers," and "self-defense is absolutely unallowable in a mother figure."

The intrinsic mother/daughter conflict may be played out (quite unconsciously) as daughters react to all old women as if we were their mothers, repeating the old complaint, "Mother, you're telling me what to do again!" This attitude makes it very difficult for younger women to accept leadership from, or even partnership with, older women.

It is true that we old lesbians may have carried impatience and a domineering manner with us as we struggled for our own independence. But we are truly appalled as we become the dispossessed, for once we too were young and working towards those same goals that beckon you, the young.

Remember this, lesbian daughters who have come through very hard times with your own mothers, *we are not you mothers, nor do we want to be. We are your sisters, walking ahead of you on your own road to the last half of our woman-journey!*

NOW what is an OLD lesbian?

How is age perceived? by us, and by others?

35 years old — no longer young

40 — approaching menopause

50 — "crone" and already disappearing

60 to 65 — retired or preparing for it — invisible

65-75 — more invisible but still healthy

75-85 — on the slippery side of non-health

85+ — expensive, intrusive, burdensome and in the way

SOME QUESTIONS: How many old lesbians do you know? How important are they in your world vision? **WHY? OR WHY NOT?**

Bertrand

Continued from page 6

Bertrand Is Missing is actually the second of two connected films, the first being the quite short (26 minutes) *L'Inattendue (The Unexpected)*, which is not being screened at the festival because of contractual difficulties. In *L'Inattendue* we first meet Boris (Nini Crepon) a 30-year-old drag queen who works as a drag entertainer in the evening and sometimes likes to dress up during the days too. His grandmother, who has raised him since he was a child, pays an early morning visit and finds him still in bed with last night's trick. She claims to be quite surprised — although she admits that Boris did dress up in her jewelry and makeup as a child — and they spend the rest of the day going about Paris, visiting a friend of the grandmother's and finally coming to some acceptance of how things are.

Hardly anything happens here and Mimouni is wise not to pad or draw out the simple material. Clearly the strong points are the performances — by Nini Crepon as Boris (he has a loveable hang-dog expression which is both charming and needy) and by Olga Valery as the grandmother (she's an ex-leading lady who still feels she deserves center stage).

Although connected to *L'Inattendue*, *Bertrand Is Missing*, running twice as long, stands perfectly on its own. As it begins we see Boris, dressed in casual ambi-sexual top and slacks, shopping in a small supermarket. He notices the 12-year-old Bertrand (Patrick Malterre) shoplifting prodigious amounts of candy and canned food and helps the boy unload his full pockets just before he is about to be arrested by store security. As with *L'Inattendue* nothing much happens: Boris and Bertrand have dinner together, Boris in drag takes Bertrand to a very gay party to meet his friends, and due to the rudeness of one of Boris's old boyfriends, the two get locked out of the older man's flat for the evening and have to seek shelter in what they think is an abandoned old mansion.

As with the first film, *Bertrand Is Missing* deals with the minutia of a relationship. Bertrand learns to appreciate Boris and for a short time (an evening really) they have a deep attachment to one another. Bertrand provides Boris with some companionship that he seems to need (although Boris has a lot of friends, he always looks lonely), and Boris provides Bertrand with the excitement he lacks in his boring bourgeois family life from which he is running away.

Bertrand Is Missing is quite moving despite — or maybe because of — its length. With such a short running time we really don't expect much plot and we are able to focus more on the details, the nuance and the subtlety of characterization. Nini Crepon is sublime as Boris — one moment he is the forlorn drag queen, a displaced opera diva looking for romance, and the next a madcap Auntie Mame ready to show Bertrand the newest disco number. But beyond its character-study sould, *Bertrand Is Missing* resonates with the heart of a much larger film. In its short 44 minutes we get a glimpse of the tangle of feelings gay people always deal with. Boris is both vulnerable as he walks onto a crowded stage (in what seems to be a simple black shift tossed out by Princess Lee Radziwill) and yet he also possesses a strength that carries him through the day. As in *Torch Song Trilogy* we can see the desire for some sort of family connection with the boy and also the impulse to be a playmate as well as parent. Nini Crepon manages to capture the ambivalence and celebration of being both different and yet demanding to be accepted, of being himself and taking his chances in a hostile world.

Bertrand Is Missing is not very complex or complicated — it is a sketch, a short story rather than a novel of a film — but it has rewards which films two or three times its length often lack. □

WHO

Continued from back page

contacts — [and] sexual tourism is growing — but these policies are based more on stereotypes, myths and fantasies than on public health."

Mann said the epidemic has forced a number of countries to deal openly with sexuality for the first time. Referring to recent attempts by Sen. Jesse Helms (R-N.C.) to ban explicitly gay educational material, Mann said "I believe materials should be as explicit as they need be for people to unders-

tand them. In some [Muslim] countries, people are talking about prostitution for the first time."

However, Mann warned against the belief that with AIDS education "explicitness is enough by itself. The important thing is that countries and communities develop their own materials." He said WHO hopes to assist this process by helping to match appropriate educational techniques with particular communities' needs.

Perhaps the biggest challenge facing WHO is addressing international economic inequality, said Mann. As treatments for AIDS become more readily available, Mann said WHO must help distribute them equitably. "We consider treatments a matter of fundamental inequality. You have to remember that in some developing nations the per capita budget for health care is only one to three dollars per year. A vaccine [for AIDS, if ever developed] would probably cost at least \$100 per person." WHO must help transfer medical technology and resources from the West to developing nations, he said. □

Dykes

Continued from page 3

ing received \$5,000 in start-up funds from the March surplus. It's expected that the national conference will boast a budget of \$100,000, most of which is still to be raised.

Also fanning the flames of controversy and discontent were other political issues, such as: international solidarity work versus locally-focused work; "holier-than-thou" heavy handedness among some lesbian activists; and lesbians working with men—particularly around the AIDS crisis—versus traditional separatism.

Some participants voiced a need to recognize the historic power of lesbian activism, particularly within the women's movement. But they also noted that lesbians, while needed by other movements for our numbers and organizing strength, get left out once demands begin to be won.

Of course, what's a lesbian conference without affirming sex and sexuality? In possibly the most crowded small group topic meeting at the planning session, women grappled with a list of sub-topics that quickly doubled in the course of the session. The most controversial topic to reach the discussion phase was lesbian S/M and the most warmly received was a call for a roundtable workshop called simply "The Best Sex We've Ever Had." Undoubtedly the national conference will need dozens of workshops on topics related to sexuality—on both politicizing and personalizing this core component of lesbian existence.

Similar regional planning meetings for the national gathering have been taking place across the country, with representatives scheduled to meet in Durham, North Carolina in March for a final planning session which will include a keynote address by lesbian poet Adrienne Rich. Here the exact dates and location for the national conference will be hammered out, along with all the organizing details that will enable 5,000 lesbians from all corners of the U.S. to come together. The goals of the conference are still in the making, every step of the way carefully guided by complex, respectful process.

For more information on the National Lesbian Conference contact the national office at P.O. Box 3057, Albany, NY 12203, (518) 463-1051. A local New England organizing meeting will be held in Boston. For information or to participate in organizing, contact Tess Ewing at (617) 661-2064. □

Hancock

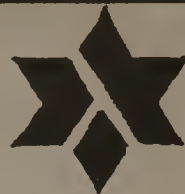
Continued from page 3

discuss whether or not Hancock's policy reversal affects their plan to plead "innocent by reason of necessity." The necessity defense would claim that the need to protest John Hancock's refusal to cover life-saving drugs justified their breaking trespassing laws.

"We are still in the process of gathering witnesses and documents to present our case against John Hancock," he said. The trial is scheduled for April 11. □

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Dykes to Watch Out For



Cartoons by Kovick



It's a "wee-hour issue"...

Welcome to GCN's issue from hell. Our heretofore fairly loyal typesetting machine attempted to secede from the organization tonight, making the proofreaders wait til too late to do anything before printer deadline. So typos and errors are courtesy of Alfred E. Newman. Next week we hope to get a little more of our beauty sleep. Thanks for your patience.

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Old lesbians

Continued from centerspread
people, need affirmation of their aliveness. And as lesbians we need affirmation from our lesbian sisters.

Restructuring health care

In order for old lesbians to receive appropriate health care, we must be involved in determining what that care will be. That means health education for the old is a very important issue. Health education about the old for caregivers is also necessary. Furthermore, this kind of health education — communicating to professionals and to younger caregivers and friends — must be done by old lesbians (and by other old people) for ourselves. Allow us to tell you about being old, and to suggest the knowledge which we need.

Old lesbians also need all health services to be accessible. Lesbians are seldom in the upper tax-brackets and for old lesbians, poverty is the norm. We must also emphasize the need for lesbian-friendly profes-

Malnutrition produces symptoms such as lack of energy, confusion, aches and pains and drowsiness. These become the direct cause of old women being hustled off to an institution "for our own good."

sionals and for lesbian-friendly space (hospitals, intensive care units, nursing homes, home nursing care, etc.). All professionals do not need to know how to meet lesbian needs but rather must recognize that lesbians have the right to access to appropriate treatment. All health professionals must have the will and the information to refer lesbians to lesbian-appropriate resources.

In addition, we must recognize that the old have become a *market*. This is especially true of those above the poverty level, but in the health field *all* old people have become an opportunity for others to make money.

Nursing Homes and Retirement Villages are a business and a very profitable one, and *investment* which brings very high returns. Many Hospitals are moving from non-profit to private-for-profit chains. Programs for the elderly are conceived, designed and implemented by the pharmaceutical houses and the insurance companies.

To those of us who have been radicals and activists all our life these seem to be serious dangers! I do not want to be forced into being an instrument-of-profit for those who have oppressed me; nor do I wish to help finance oppressive systems world-wide, colluding financially with those who endanger all species of life on earth with their commercial rape of the world's resources and with the pollution of the air, the water, and the land.

The health systems, especially as they relate to the poor and the old through Medicaid and Medicare, have become major partners in the social control patterns in the United States. Dedicated health professionals and service workers will have to build coalitions to make health care responsive to health needs. Lesbians, and old lesbians in particular, are in an excellent position to lead in this ever-recurring struggle.

The restructuring of health care must include the restructuring of Medicare, which as it now stands, does *not* work to ease the financial burden of our sick elderly. Rather it confuses them with paper-work, and leaves the patient paying out as much for health care as in the pre-entitlement days. In too many cases the doctor simply refuses to do the paperwork (though the patient does not have the doctor's resources of clerks, computers, and education in filling out forms!) So the patient is forced to "pay now, and be reimbursed later" or very often, to "pay now, an never get reimbursement at all." This is a *major* component in the poverty of old women!

Ageism is real: a conclusion

Ageism is real. But it is not a popular issue. There are not many books dealing with the subject. Confrontation about ageism arouses the same passionate denials and hostility as do confrontations about alcoholism, or about drug-addiction, or about racism, or about homophobia. But ageism doesn't only damage the old; it twists the ageist too. Within the lesbian communi-

ty it permits "real lesbians" (and "real people," and "real professionals") to systematically disempower the old among them, forcing us into volunteerism to support your young projects, or calling on our finances and our time to help you live your lives, rather than freeing us to live our own.

Old lesbians, like young lesbians and everyone else, need power. But younger women have been programmed by the patriarchy to hate and distrust old women, and to push us aside. Thus we old sisters lose our power . . . our power to control our own lives, *and* our power to help you on our common struggle.

We have a right to protest our invisibility and our powerlessness. Young gerontologists (medical research types) want to study us. They study us in order to solve our problems for us. Geriatric specialists see the old as "other" and forget our own roles in our own lives, as if somehow our lives are over, except to be cared for. Journalists fill newspaper and magazine columns with scare items about how the old folks, via Social Security and Medicare, are about to use up all the money in the system, thus depriving the "real people" of their share in the future.

Furthermore those professionals which "serve" the old are objectifying us in exactly the same sense as patriarchal tradition has always objectified women. Feminists have said it before, and we say it again: objectifying is *wrong!*

To conclude I would only like to emphasize that being an old lesbian is not something to be dreaded. Old age is a time of potential freedom and of power and satisfaction. We *are* an important component in the total lesbian/gay community. Mine is an appeal for you to *notice* our presence, and to notice the needs, asking you to welcome us back into the life-circle from which we have too often been excluded.

Beaches

Continued from page 6

go, any further. There are points where the rapport between Midler and Hershey becomes so vibrant it almost seems sexual, and in many ways the film would make more sense if in fact the two women were, or had been, lovers. But lesbianism does not sell a Hollywood film (or any other film for that matter) to the general public and the soggy conception of the material itself inhibits any real emotional growth of the characters.

All of this said, *Beaches* is actually quite an enjoyable movie once you settle into it and accept it for what it is. Although almost every plot twist is apparent from a mile away; there are enough pleasures here to keep you happy for the just over two-hour running time. Besides Bette Midler's acting, there are nine very good production numbers (the last one — "The Glory of Love" — threatens to metamorphose Midler into the stylish Streisand at the end of *Funny Girl*) and fine supporting performances from Lainie Kazan (as Midler's mother) and John Heard (as her long suffering husband). But perhaps the most remarkable star-turn is Mayim Bialik, a 10 year old who, playing Midler as a child, turns in a touching performance as well as an uncanny imitation of the Divine Miss M herself.

Beaches is by no means successful, or even, by its own aspiration, good. But it is extremely enjoyable and will probably be a crowd pleaser. If there is a moral to be learned here it is that although Hollywood has an abundance of talented women performers it still has not evolved far enough to find material to match their abilities. □

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SERVICES

GAY COMMUNITY NEWS □ JAN. 29-FEB. 4, 1989 □ PAGE 13

CLASSIFIEDS

ROOMMATE WANTED

Three GM in Dorchester seek 1 GM or LF to share 2-floor apartment in very large Victorian home. 10 minutes to JFK T. Washer/dryer. D/W. \$275 plus utilities. Available Feb. 15. (617) 288-7632 (29)

3 LF's seek 4th LF for mostly LF-oriented household in very LF neighborhood in LF JP. Must like diversity. \$245/heat included. Available now (617) 522-0405 (29)

3 profs., (2F, 1M) seek housemate in Carlisle. Beautiful setting, many amenities. No smoking, please. \$500 plus low utilities. Available 2/1. Leave message: (508) 369-5289. (29)

Two rooms of large apartment in Medford, near station and plaza. No pets/smokers/drugs. \$200 each plus utilities. After 6pm. Betty 395-0381. (28)

Quiet, mature LF into healing arts/creating a home seeks same. Spacious, cozy six room apartment near T/Tufts/Porter/Davis Square. Non-smkr. \$350-plus. (28)

EAST CAMBRIDGE

GM and straight male seek GM or LF for 3BR/2FLR apt in quiet nbrhd \$300 plus utils. Avail. Feb. 1. Please call 491-0855, leave message. (28)

2 LF's seek another for large room in beautiful JP house w/yard. Convenient Green and Orange Lines. Non-smoker, 2 cats already in residence, no more please \$280/mo. plus utils. Alternately could be available as pt-time rental or group or work or work space, ph. 524-2906. (28)

WELLESLEY:

Seeking LF. veg, nonsmk to share spac. 5 rm., co-op w/3 grads. 300-plus util/mo. 239-9918. Pk. W/D. (28)

2LF seek 3rd for large Brighton apartment in house. No smoking, vegetarian, must love pets, no more please. \$300 plus. Call (617) 254-0407. (28)

SOMERVILLE

Two independent LF's seek LF to share 3BDRM near Davis Square T, porches, hardwood floors, smokefree, petless, \$288 plus util. Available Feb. 1. We're friendly, quiet, responsible. Call us. Sheila 628-1957, Tina 628-0243. (28)

2LF friends seek roommate 25-plus L/Bi for our happy Somerville house. Large, sunny, homey, 3 BR, drug/smoke-free, \$300-plus. Call 623-5535. (28)

Seeking 2F roommates to join 3F in multiracial household in JP. 250-plus avail. immed. Keep trying in p.m. 524-1303, leave a message (28)

LF seeks roommate to share apartment in Belmont. Fireplace, backyard, near T. Quiet neighborhood. \$380 plus utilities. (617) 484-7305 (28)

TRY GCN'S GUARANTEED ROOMMATE AD

GCN's "Guaranteed Roommate" offer: ALL ROOMMATE AND HOUSEMATE ADS THAT ARE PREPAID FOR TWO WEEKS WE WILL RUN UNTIL YOU FIND A ROOMMATE

Ads will not be automatically renewed. You must call in every additional week you want the ad to run. Phone calls will be accepted all day Mondays and Tuesdays until noon. 426-4469.

APARTMENTS

GATEWAY TO EVERYWHERE

Huge renovated 3 BR apt. Near major highways and T. Perfect for 2 couples or 3 roommates. \$800 month, Chelsea. Call A. delPrado. 727-7773, 884-6644. (28)

Wakefield—Cute, cozy 4½-room house in wooded area with access to Rte. 128 & 93. No drugs, smke. \$750/month plus. PO Box 94, Woburn, MA 01801 (28)

Somerville

Spacious, sunny, 2 BR Apt. in Winterhill. New K and B, 5 min to Sullivan Sq. T, walk to shopping. \$700/mo., plus util. Avail. 3/1/89. Call 628-4074, leave message.

Volunteer

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at GCN

Call 426-4469

VACATIONS

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A modern motel in the heart of the White Mountain Ski Area for gays. We are located along the Gale River in the picturesque village of Franconia, NH. Ski Cannon Mountain with Peter or simply enjoy our mountain views. Write: Box 10, Franconia, NH 03580 or call 1-800-634-8187. Peter and Dieter, Innkeepers. (32)

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Come ski our miles of cross-country trails and then unwind in our hot tub or in front of a crackling fire. Our 100 scenic acres and 19 cozy rooms are just what you need. Inexpensive, uncrowded downhill skiing nearby. Great mid-week discounts! THE HIGHLANDS INN, Box 118G, Bethlehem, NH 03574, (603) 869-3978. Grace and Judi, Innkeepers. (35)

GCN SPECIALS

Did you get a new HUMIDIFIER for Xmas? Wanna give us your old one? Just call Mike at GCN, (617) 426-4469. Thanks. (26)

DICTIONARIES NEEDED!

The average educational level of prisoners is junior high school (meaning that many haven't even finished elementary school). Both because they have "time" now and because they need to understand the pretentious "legalese" and other language of the system, they need dictionaries.

Please consider keeping an eye out for "deals" and picking up a few for us to send out. THANKS!

GCN News and Features writers need cassette recorders. If you have a working one that you're not using, or want to donate one, it would be well used. Thank you.

PUBLICATIONS

OFF OUR BACKS

Lively, down-to-earth feminism in the nation's oldest women's newsjournal. Analysis, reviews, conference coverage, and news — on health, feminist theory, reproductive rights, civil rights, and political work among working, disabled, incarcerated, old, and poor women, women of color, lesbians, and women from every continent: \$15/11 issues. Trial sub: \$4/3 issues. oob, Dept. GCN, 2423 18th St., NW, Washington, DC 20009. (ex)

WOMEN'S REVIEW OF BOOKS

monthly review of current feminist writing. Since 1983. Our readers span the U.S., Canada, and abroad. Subscriptions: \$15/U.S., \$18/Canada, \$25/institutions. Free sample issue on request. THE WOMEN'S REVIEW, Wellesley Women's Research Center, Wellesley, MA 02181. (ex)

BLACK/OUT

Special 10th Anniv. edition of Black/Out now available. This bi/annual magazine from the National Coalition for Black Lesbians and Gays contains essays, reviews, poetry, news and announcements concerning the Black Lesbian and Gay community. Sample copy \$6 plus \$1 postage. 1 year subscription (2 issues) \$10 to Black/Out c/o NCBLG, 19641 West Seven Mile, Detroit, MI 48219. (ex)

LESBIAN CONTRADICTION

A Journal of Irreverent Feminism. Quarterly of commentary, analysis, reviews, cartoons & humor by and for women who agree to disagree—who are still political, but not necessarily correct. Sample \$1.50; sub \$6; more if/less if. LesCon, 584 Castro, #263G, SF, CA 94114. (16--)

GUARDIAN:Independent radical newsweekly. Covers Gay, women and minority struggles and international progressive movements. Special offer—4 issues FREE. Write Guardian, Dept GCN, 33W 17th St. NY, NY, 10011. (ex)

OUTRAGEOUS WOMEN

A journal of woman-to-woman s/m. Fantasy, analysis, erotic art and much more. Sub: \$13/four issues. Single issues \$4. Must state you are over 18. SASE for info. PO Box 23, Somerville MA 02143. (ex)

WOMAN OF POWER: "A Magazine of Feminism, Spirituality, and Politics," an inspiring international quarterly publication. Subscriptions \$22 for 4 issues; singles issues \$6 plus \$1 postage. P.O. Box 827, Cambridge, MA 02238, telephone (617) 625-7885. (ex)

ON OUR BACKS, the sexual entertainment magazine for lesbians, is 48 pages of erotic fiction, features, plus timely sexual advice and news columns. We are quarterly, national, unique and provocative. \$15/yr sub or \$5 current issue to: On Our Backs, PO Box 421916, San Francisco, CA 94142. (ex)

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ON OUR BACKS, the sexual entertainment magazine for lesbians, is 48 pages of erotic fiction, features, plus timely sexual advice and news columns. We are quarterly, national, unique and provocative. \$15/yr sub or \$5 current issue to: On Our Backs, PO Box 421916, San Francisco, CA 94142 (ex)

ORGANIZATIONS

OLDER LESBIAN ENERGY

Social and support group for women over 40. P.O. Box 1214, East Arlington, MA 02174. (15.48)

BLACK AND WHITE MEN TOGETHER

Multiracial group for all people. Call (415) 431-1976 or write BWMT, suite 140, 584 Castro St. SF, CA, 94114. (16.1)

BOSTON ALLIANCE OF GAY AND LESBIAN YOUTH

Social support group for youth 22 and under. Wed. night general meeting from 7:30-9pm. New persons meeting at 6:00. Women's meeting at 6:45. Call 523-7363 for info. (15.32)

MAN/BOY LOVE

Intergenerational Love Support Group. World wide news, art, opinions. Application, informat n free. Bulletin \$1.00 NAMBLA, P.O. Box 1923, S. Louis, Missouri, 63118. (7)

Prisoners Seeking Friends

TO ALL THOSE, IN & OUT OF PRISON, WHO FIGHT AGAINST THEIR BONDAGE. Alexander-Berkman, *Prison Memoirs of an Anarchist*

POST-CONVICTION REMEDIES: A Self-Help Manual by Dan Manville is now ready and is available to prisoners for \$16.50. Outlines procedures for challenging your conviction. Packed with info on your rights from the first encounter with the cops on thru to the typical judicial appellate process.

FEDERAL RULES info FREE: The following are available for free: Fed. Rules of Civil Procedure, Fed. Rules of Criminal Proc., Fed. Rules of Evidence, Fed Rules of Appellate Procedure. Write to: The House Judiciary Committee, Publication Office, B370B, Rayburn Bldg, Washington DC 20515.



I'm HIV victim, come July it'll be one year. I am homosexual and I was once someones son, brother etc. but since my sickness I'm not so close to my family anymore. They write now and then but the love isn't there. I'm 36, like writing, am studying law. I try very hard to relate about AIDS open-mindedly. Respectfully submitted, Mack BUSH, 108209-B, Box 66 (8A-C3 Seg.), Capshaw AL 35742.

NATIVE AMERICAN GAY info: I am and always will be a pro-gay Native American activist, and if there are some people in your community that might need info on Native American anything, I will be happy to assist. Dan MURRILLO, 07760-023, 5701 8th St, Camp Parks, Dublin CA 94568.

RERUN ERIC PETERSON AD with his drawing of Calif. behind bars— FROM SOME WEEKS AGO.

Attn: Friends of RUSTY (E.T.) POTIRIADES! I've been moved to this address. 942914, D-319, Box 888, Monroe, WA 98272. New friends may also write; Age, race, crimes, no problem. Just write! Sincerity promised.

Greek Orthodox Gay Male seeks gay male or female for lasting friendship. Must be real and loving. No games please. Steven PAPPAS, 87A 9284, Box 149, Attica NY 14011.

I don't know why...

I don't know why, but it's extremely hard to find a honest, sincere, loveable, handsome, caring, sensitive, open minded man of class, style, intelligence, muscles, etiquette and most of all who knows how to have and share the better things of life. If you are he (a real man), I'm patiently waiting to hear from you. (Race unimportant). Leslie FORD, A-9346, 8301 State Rd, Philadelphia PA 19136.

Warm, sensitive outdoors type seeks friendship. I enjoy CW music and traveling. Write and send photo. Dale R. ARNOLD, K-5044, Drawer R, Huntingdon PA 16652.

About 3 months ago I ran an ad and was very discouraged to find that there was no one out there who seemed concerned. If possible I would like to try again. I'm looking for an honest, lasting relationship. No prisoners are allowed to write here. All letters answered. Gerald M. ENLOW, 02283-031, Box 1000, Milan MI 48160.

MIKIE won't eat just anything. Honest and sincere 'mail' truly needed!! Mike KAMPO, P-2341, Drawer R, Huntingdon PA 16652.

I love men and ladys and all kinds of sex! Looking for a good time when I get out, and a lover if I can find someone that understands me and I understand them. Thank you for your time and understanding. Wayne OLESAN, 14855, Box 400, Rawlins WY 82301.



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236-1848



23 yr old bisexual female planning to be released to San Francisco area in summer. Interests include weightlifting, computers, reading, knitting, British comedy. Not allowed to write other prisoners, but would like to exchange letters with someone on the outside. Kathleen R. MARSH, PO Box 19202—GCC, Spokane WA 99219.



Black male desires to hear from someone to share some thoughts with. James TAYLOR, W40645, Box 43, Norfolk, MA 02056.

I'm a 27 yr old Amerasian (French Korean) and really need someone to help me deal with this. I'm not just into writing kinky letters. I enjoy, music, reading, and have a lot of caring to give to the right person. Please write. Eugene KNIGHT, 186-225, Box 56, Lebanon OH 45036.

Loving Gay Male, 31, 160 lbs, well built, would like to correspond. Bruce WALLER, 108901, 3950 Tiger Bay Rd, Daytona Beach FL 32014.

TURNED ON TO GCN II

Prisoner seeks penpals or whatever might arise from this pleas for correspondence. I'm gay, 31, have a nice appearance and a wide range of interests. Please write. Ray WYLIE, 177-007, Box 45699, Lucasville OH 45699.

I am Gay, seeking Friendship. I enjoy all kinds of music. I need someone to write. I'm lonely for outside people. Timothy REED, 131608, Box 430, Dillwyn VA 23936.

I think your paper's great! Maybe I can meet someone thru it. I'm seeking correspondence and possibly a relationship. I'm 25. Eddie HARS, 080756 (A-202-T), 3950 Tiger Bay Rd, Daytona Beach, FL 32014.

I am a homosexual prisoner and can't afford to pay for an ad but I am lonely and seeking correspondence and hope you can help me. Here is a description of myself. Age 33, likes to have good times, dislikes jail. I'm looking for anyone that is willing to be my friend, or maybe lead to bigger and better things. Bruce DIXON, 046455, Box 7 (2D-581), Moberly MO 65270.

Looking for letters from those who'd like to help me get reacquainted with the free world. I have many interests. I prefer effeminate or petite males. A photo would be nice but not necessary. T.J. BLOOM, 12877-038 (H), PO Box 1000, Marion IL 62959.

IS THERE ANYONE OUT THERE BEYOND THESE WALLS?

I am a prisoner who has lost all contact with the outside and would like for anyone (prefer gays) to take a few minutes to make me feel and see a bigger world than just these 4 walls. Phillip BYERS, 77A 1830, Box 367B, Dannemora NY 12929.

I'm really desperate for penpals but am unable to receive letters from other prisoners. I'm a good looking guy, inside as well as out, if you ask me. But still, I'm alone. I'd like someone to write. James R. WILKINSON, 064567 (A-N-11-top), 3950 Tiger Bay Rd, Daytona Beach FL 32014.

Bi Hisp Male, 27, desires to know whether there are any effeminate Black or Hispanic men ('girls'), any age, out there who know what dedication, respect, love, emotions, feelings, etc. really mean? Everyone I've gotten involved with took my emotional commitment for 'weakness'. Can anyone out there show me that love between men can be strong? Cisco CARDEMAS, 87A0337—B-24-17, Box 149, Attica NY 14011

Young, sexy male searching for the right someone. Age and race is not an issue! Please respond to R. Thomas HARTSAW, 21118-175 (SHU), Lewisburg PA 17837.

My name is 'BRANDI'

I have long blond hair, 5 or 6 inches past my shoulders, am small built, and was bisexual all my life till age 20 when I left my wife for a relationship with a man and have been all the way gay since then (4½ yrs). They have me in an isolation cell here and it becomes unbearable at times. It would be much more bearable if I could have some correspondence from others with my lifestyle. Jerry PHELPS, 117296, Camp D, Hawk I-L-5, Angola LA 70712.

I am sincere, joyful, easy going, open-minded, caring, friendly, gay and very feminine (and, small-boned) and looking for a penpal which hopefully will lead to a everlasting friendship. Alan Franklin WEBB, 196-038, Box 45699, Lucasville OH 45699.



3 Friday ☐ **Catch Christian Blackwood's film portrait of gay Filipino filmmaker Lino Brocka** (*Signed: Lino Brocka*) at the Museum of Fine Arts. 7:30pm. 617/267-9300.

Please note: Calendar listings must be received by the Monday before the week of the event. Photos with listings are encouraged. Please specify if your event is or is not wheelchair accessible and/or sign language interpreted

28 Saturday

Cambridge ☐ The Alley Theatre presents **Getting Out**, a drama about an incarcerated self-destructive teen who evolves into a rehabilitated, self-sufficient woman. Runs through 2/25. 1253 Cambridge St. 8pm. Info: 617/491-8166.

29 Sunday

Worcester ☐ **Worcester County Lesbian and Gay Alliance Political Committee** meets at United Congregational Church, 6 Institute Rd. 6:30pm. Info: 508/753-0417.

Boston ☐ **Rock Against Sexism Disc Party/T-Dance**. 1270 Club, 1270 Boylston St. 6-10pm. \$2 (\$1 before 7pm).

30 Monday

Boston ☐ **Boston Bisexual Women's Network** volunteer night meeting. All women welcome. 7:30pm. Info: 617/247-6683.

31 Tuesday

Cambridge ☐ **Our Community's Responses to Violence**, discussion sponsored by the Metropolitan Community Church of Boston. 720 Mass. Ave. 7pm. Info: 617/523-7664.

Boston ☐ **Living Well Workshop: Introduction to Massage**. All welcome but directed towards those who are HIV positive. Fenway Community Health Center, 16 Haviland St. 6-8pm. Info: 617/267-0900.

1 Wednesday

Boston ☐ **Boston Coalition of Black Lesbians and Gays** meets. 62 Berkeley St. 6:30pm.

Boston ☐ **The NAMES Project** General meeting. Piemonte Room, City Hall. 7pm. Info: 617/451-9003.

2 Thursday

Boston ☐ **GCM's production night**. All welcome. Proofreading starts at 5pm. Paste-up after 7pm. 62 Berkeley St., near Arlington & Back Bas. Info: **GCM**, 617/426-4469.

Boston ☐ **Boston Pride Committee** meets in room 801 at City Hall. Every other Thursday 2/2. 2/16, etc. 7pm. Info: 232-1716.

3 Friday

Boston ☐ **GCM mailing**. Come help stuff the paper and meet new friends. 5pm to 10pm. 62 Berkeley St., near Arlington & Back Bay T-stops. Info: **GCM**, 617/426-4469.

Boston ☐ **Downtown Lesbian Lunch**. Brown bag lunch at City Hall. 12:30. Info: Julie, 617/725-3562.

Boston ☐ Metropolitan Community Church Men's series **Moving on to Maturity** "Grow Up and Be a Man". 186 Mass. Ave. 8-10pm. Info: 617/262-6397.

Randolph ☐ **South East Gay And Lesbian Country Dance Series**. Randolph Country Club. 9-12pm. \$5. Info: 617/961-2414.

Brookline ☐ **Am Tikva** Please bring something sweet. Workmen's Circle, 1762 Beacon St. All welcome. 8pm. Info: 617/782-8894.

Brookline ☐ **Lesbian, Gay and Bi Swing and Ballroom Dance**. Casual attire. 185 Corey Rd. 2nd floor. Free lesson from 8:30-9:15. Dancing from 9:15. \$4. Info: 617/789-4393.

Boston ☐ **Signed: Lino Brocka**, Christian Blackwood's new film. In it, Filipino director Brocka talks about his hatred of the Marcos regime, about being gay, about his art. Museum of Fine Arts, 465 Huntington Ave. 7:30pm. Info: 617/267-9300.

4 Saturday

Cambridge ☐ **Beach Blanket Bingo Dance** with Amethyst Women. This is a drug, alcohol, and smoke free event for recovering alcoholic lesbians and their women friends. Old Cambridge Baptist 1151 Mass. Ave. 8pm-midnight.

5 Sunday

Somerville ☐ **GLOSS**, ;Gays and Lesbians of Somerville and Surroundings potluck. 7pm. Info: 617/776-6356 or Mike, 617/628-2643.

6 Monday

Boston ☐ **committee on Gay and Lesbian Issues, National Ass'n of Social Workers (MA Chapter)** presents a speaker from the NASW Ethics committee. 7pm. Info: Cate, 617/391-2790 or Judy 524-7917 (eves.)

Cambridge ☐ **Women's Health: Recovering Ourselves and Our Communities:6 "Information as Power: Facing Cancer."** Episcopal Divinity School, 99 Brattle St. Sherrill Hall rm. 3A. 7-9pm.

Cambridge ☐ Introductory meeting of the **Boston Bisexual Women's Network**. The Women's Center, 46 Pleasant St. 7:30pm. Info: 617/247-6683.

7 Tuesday

Boston ☐ **Living Well Workshop: "Sex and Intimacy"**. All welcome but many workshops more relevant to those who are HIV positive. Fenway Community Health Center, 16 Haviland St. 6-8pm. Info: 617/267-0900.

9 Thursday

Boston ☐ **GCM's production night**. All welcome. Proofreading starts at 5pm. Paste-up after 7pm. 62 Berkeley St., near Arlington & Back Bay T-stops. Info: **GCM**, 617/426-4469.

Boston ☐ **Quilting Bee for the NAMES Project**. Arlington St. Church, corner of Arlington and Boylston Sts. 6-9pm. Info: 617/451-9003.

Boston ☐ **Romanovsky & Phillips** at Club Cabaret. Recommended by the calendar editor. Through 2/12. 209 Columbus. 8pm. \$10/12.

Boston ☐ **Drop-In Night for women to gather information/support regarding AIDS/HIV**. Fenway Community Health Center, 93 Mass. Ave. 3rd floor. 6:30-8pm. Wheelchair accessible. Free. Info: 617/267-7573.

10 Friday

Boston ☐ **GCM mailing**. Come help stuff the paper and meet new friends. 5pm to 10pm. 62 Berkeley St., near Arlington & Back Bay T-stops. Info: **GCM**, 617/426-4469.

WEEKLY EVENTS

Saturday

Boston ☐ **Body Electric: Healing with Group Sensual Massage**. For gay, bisexual men, thr 3/11. 551 Tremont St., studio 406. 7:30pm. \$12. Info: 617/522-9164.

Cambridge ☐ **SANCHIN Women's School of Karate and Self Defense** conducts ongoing beginning classes, and open workouts. YWCA, 7 Temple St. 3-5pm. Tue. and Thur. 6-8pm. Info: 617/924-3799.

Boston ☐ **Living With AIDS Theatre Project** workshop. No performance experience necessary. Club Cabaret, 209 Columbus Ave. 10:30am.

Boston ☐ **Women's Self-Defense Collective Women's Self-Defense Classes** All ages and abilities. Meets Wed. eves., Sat. afternoons in South End. Info: 617/574-9433.

Sunday

Boston ☐ **Metro Healing healing group** for everyone. Metropolitan Health Club aerobics room, 209 Columbus Ave. 7:30-9:30pm. Info: 617/426-9205.

Boston ☐ **"Boston's Other Voice,"** radio for gay/lesbian community, with Peter Stickel. 1/29 State Rep. Mark Roosevelt on the Gay Rights Bill in 1989. 2/5 Angela Bowen on Black lesbian issues. WROR 98.5 FM. 11:30pm.

Monday

Cambridge ☐ **Healing Circle** group healing. 5 Upland Rd., Porter Square. 7:30-9:30pm. \$5 suggested. Info: 617/864-1989.

Cambridge ☐ **Lesbian Rap**. Topics: 1/30 Nite out — no rap. 2/6 Body Image. The Women's Center, 46 Pleasant St. 8-10pm. Free. Info: 617/354-8807 (TTY/voice).

Tuesday

Roxbury ☐ **ACT UP/Boston** meets to confront the AIDS crisis. Room 345, Bldg. 3, Roxbury Community College. 7:00pm. Info: 617/49-ACT UP.

Cambridge ☐ **Bisexual Women's Rap**. 1/31 Men in our Lives. 2/7 Being Committed and Being Bisexual. The Women's Center, 46 Pleasant St. 7:30-10pm. Free. Info: 617/354-8807 (TTY/voice).

Wednesday

Cambridge ☐ **"Say it Sister!"** WMBR, 88.1 FM. 7-8pm.

Brookline ☐ **Boston Committee Determined to Free Sharon Kowalski** meets. Boston Self-Help Center, 18 Williston Rd. 7pm. Info: 617/661-0533.

Cambridge ☐ **MASS ACT OUT** meeting. M.I.T., Building 66, Rm. 126. 7:30pm. Info: 617/661-7737.

Thursday

Cambridge ☐ **Discussion group for non-offending male sexual abuse survivors**. Conference Room, Cambridge Chamber of Commerce, 859 Mass. Ave. 8:30-10pm. \$5. Info: 617/498-9881.

Stoneham ☐ **Incest Survivor's Group** for women. New England Memorial Hospital, 5 Woodland Rd. 5-6:30pm. Info: Sara Epstein, Human Services, 617/979-7025.

Friday

Worcester ☐ **AIDS Project** — Worcester **support group** for HIV positive. PWAs, PWARCs and supporters. Open to all lesbians and gay men. 51 Jackson St. 7-9pm. Info: Dana 508/755-3773.

Boston ☐ **Healing group** for everyone. Santa Fe Hair Salon, 528 Tremont St. 7:30-9:30pm. Info: 617/426-9205.

Cambridge ☐ **Women's Coffeehouse** 2/3 Music and Storytelling with Sue Kranz. 2/10 Sharon Howel, poet. The Women's Center, 46 Pleasant St. 8pm-midnight. Info: 617/354-8807 (TTY/voice).

BLACK HISTORY MONTH CALENDAR

28 Saturday

Boston ☐ **Martin Luther King Jr. Leadership Banquet**. B.U. Ballroom, 775 Commonwealth Ave. 5pm. \$30. Info: 617/424-1041.

Boston ☐ **Les Blancs** performed in Huntington Theater. Through 2/5.

2 Sunday

Boston ☐ **Angela Bowen** speaks on Black lesbian issues on Boston's Other Voice, WROR 98.5 FM. 11:30pm.

Boston ☐ **Black Boston in the 19th Century**. Old South Meetinghouse, 310 Washington St. 12:15pm. \$1.75. 1.25 (students, seniors).

Cambridge ☐ **African Cinema and Cultural Identity**, a series presented by the Harvard Film Archive in cooperation with the Committee on African Studies at Harvard Univ. Through 2/12 at the Carpenter Center for the Visual Arts, 24 Quincy St. \$3. For full schedule call 617/495-4700.

7 Tuesday

Boston ☐ **Opening Doors — Work Against Racism** Performances. Also 2/9, 2/14, and 2/16. New Ehrlich Theatre, Boston Center for the Arts, 539 Tremont St. 10am. 510.

12 Sunday

Cambridge ☐ **Angelus Reading** in celebration of Black History Month. Angelus (the pen name of Angela Bowen) will read African-American poets and her own stories-in-progress. The event also features songs by the New Bedford women's a cappella group Umoja and music by local singer and writer Rafiki Franklin. Episcopal Divinity School, 99 Brattle St. 4pm. \$4, sliding scale. Children welcome. Not accessible to wheelchairs.

Boston ☐ **Black History Month Celebration**, featuring poetry and prose, music and theater. The Gallery in the Piano Craft building, 791 Tremont. St. 3pm. Presented by Black Folks Theater Co. and Middle Passage Educational and Cultural Resources Inc. Free. Also 2/19 and 2/26, \$4. Info: 617/424-8849.

Calendar compiled by
Erik Moore

By Chris Bull

BOSTON — International leadership and cooperation are needed to halt the worldwide spread of AIDS, the worst epidemic of the century, said Jonathan Mann, director of the World Health Organization's (WHO) Global Programme on AIDS, during a Jan. 22 interview with GCN.

Although 133,000 cases of AIDS have been officially reported, at least 375,000 people in 143 countries have AIDS, Mann said. He estimated that nearly five million people worldwide have been exposed to HIV — the virus thought by many to be the cause of AIDS — and that 400,000 new cases of AIDS will appear in 1989 and 1990. Africa, Latin America, North America and the Caribbean are particularly hard hit by the epidemic, he said.

"The curve of AIDS cases is rising rapidly," Mann said. "If you think the challenge so far has been great — which it has — we are only beginning to see the worst."

He reiterated that although the rate of new infections has declined dramatically in gay male communities in cities such as San Francisco, London, Amsterdam and Boston, it is increasing in many poor, communities of color where IV drug use is common. "We need to put more of an emphasis into treating addiction," said Mann. He recommended distributing clean needles to combat HIV transmission related to the massive increase in the use of heroin and cocaine around the world, rather than relying entirely on police power to halt the flow of drugs.

He explained some educational efforts have not been effective changing behaviors in IV drug-using communities. "For example, we often tell people not to share needles, but in some communities not sharing [is interpreted as] not sharing outside the group of friends doing drugs together."

Mann, who was in Boston to address the AIDS Action Committee's (AAC) Community Service Awards dinner Jan. 21, was appointed director of WS Programme in 1986 after serving two years as assistant director of the Centers for Disease Control's AIDS Program. In 1984 he established and directed the Zaire AIDS Research Project, the first international attempt to study the AIDS crisis in developing nations.



Kenneth Mann at AIDS Action Committee dinner Jan. 21

Challenging AIDS internationally

The World Health Organization's point man on AIDS offers some thoughts on fighting the epidemic

Mann called for an "enlightened" and compassionate response to the epidemic during the wide-ranging interview. He cautioned, however, that WHO's charter, established by the United Nations in 1949, requires that the organization take a "neutral, multi-lateral, non-political approach" to health. Mann advocated respecting "cultural differences" among nations and working with governments of all stripes.

For example, Mann said that although he believes the Cuban policy of quarantine for people with AIDS (PWAs) and people who

test HIV antibody-positive is both morally repugnant from a human rights perspective and counter-productive from a health perspective, WHO must continue to "keep open dialogue with Cuba. WHO is not an enforcement agency."

Mann said he is optimistic most countries will eventually adopt WHO's policies recommending anti-discrimination laws protecting PWAs and those who are HIV antibody-positive, as well as sex and health education. Already, he said, a number of countries have made significant progress. In

Uganda, where an estimated one out of every ten citizens is HIV antibody-positive, the government has initiated an aggressive, grassroots AIDS plan. "They have begun condom distribution which would have been unheard of even a few years ago," said Mann.

He also cited the Soviet Union for recently dropping an anti-lesbian and gay law, which imposed a five-year prison term for people convicted of sodomy. In Hungary, the government recently recognized a lesbian and gay organization, empowering it to do AIDS education. "AIDS has forced many governments to recognize that community groups are important to fighting the disease.... Driving gay people underground only makes things worse."

Asked repeatedly to evaluate the Reagan administration's record on AIDS, Mann said only that national leadership is needed to combat the disease. He praised community-based groups in the U.S. such as AAC. "These groups have filled a void creatively. It's one of the positive points of the U.S. system that grassroots groups do much of the work. The U.S. [grassroots response to AIDS] is seen positively internationally."

Mann criticized those in the U.S. who ignore the epidemic in the rest of the world, as well as those who refuse to acknowledge AIDS in U.S. prisons. He called for "solidarity not just among gay people but among all people affected by the disease. There are always pressures to cut off part of the world — for example, Africa. This is a global issue. You can't forget what is going on elsewhere."

He did, however, praise the Reagan administration for its "firm support of the World Health Organization. They have been instrumental in providing resources to us. Also, research in the U.S. is very strong. The National Institutes of Health is an international leader in research." He criticized the U.S. and a number of countries, including India, China, the Soviet Union, Iraq and most of Eastern Europe for banning immigrants who have AIDS or test HIV-antibody positive. He also criticized countries that require "AIDS certificates" to enter the country as a tourist. "It is true that tourists seem to be more prone to sexual

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The Somerville Theatre

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On the RED Line
Ample Parking

1914 - 1989: 75 Years of Entertainment

The 5th Annual Boston Gay & Lesbian Film Festival

January 20 - Feb. 2, 1989

Featuring the finest films from the
International Gay & Lesbian Communities

Fri.Sat. Jan. 20-21

Paul Morrissey's

FORTY DEUCE

Kevin Bacon recreates his Obie-winning performance as the boy/hustler/pimp.

7:30; Sat.Mat. 3:15

MALA NOCHE

One of the most popular films ever presented in the Festival. 5:45, 10:00

Sun.Mon.Tue. Jan. 22-24

East Coast Premiere!!

IN A GLASS CAGE

Be warned-this film will provoke you. Don't come if you are easily offended. A brilliant debut by Catalan Director Agustin Villaronga.

5:30, 7:45, 9:50; Sun.Mat. 3:15

Wed.Thu. Jan. 25-26

New England Premiere!

BROKEN MIRRORS

The eagerly awaited second feature from Marleen Gorris (A QUESTION OF SILENCE). 7:30

ANITA, DANCES OF VICE

Rosa Von Praunheim fantasizes that bisexual Anita Berber still lives in the person of a raucous 75-year old Lotti Huber. 5:45, 9:45

Fri-Wed. Jan 27-Feb 1

New England Premiere!

THE VIRGIN MACHINE

A modern day Dorothy follows the road to the art of love. Monika Treut's internationally acclaimed production. 5:45, 7:45, 9:30; Sat.Sun.Mat. 4:00

Thu. Feb 2

New England Premiere

SEDUCTION, THE CRUEL WOMAN

Lesbian S/M underscores Monica Treut's second feature. 7:00, 9:45

BERTRAND IS MISSING

A charming variant on 'Torch Song Trilogy'. 6:00, 8:45

Gay Community News and B.U. Lesbian/Gay Alliance
present

An Evening With JOAN NESTLE

Author of "A Restricted Country" and Co-founder of The Lesbian Herstory Archives



Friday, February 10, 8:00pm

Boston Univ. Law School Auditorium
765 Commonwealth Ave., Boston
(Behind 755 Commonwealth Ave.)

\$6-\$10 sliding scale
wheelchair accessible

sign language interpreted

Info: 617/426-4469, tty 617/426-0332